

CREATING A SPACE FOR GRACE: EMBRACING DIVERSITY AND FOSTERING
INCLUSION

BY

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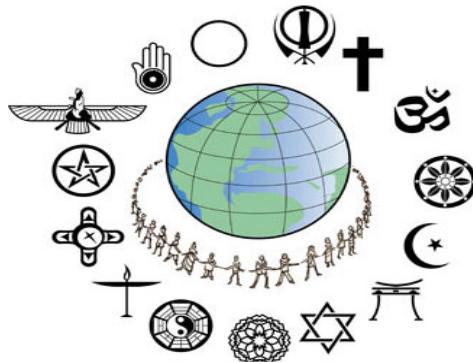
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ABSTRACT

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The Harlem Hospital Center demographics in health provision have changed exponentially as a result of the myriad cultural divergences in the neighborhood. While there are multiple worship services, there is not a specific service that is all encompassing. This project seeks to enlarge the limits of spiritual and pastoral care by providing an interfaith service, in addition to the existing services, from a biblical, theological and spiritual perspective.

I achieved my goal and implemented my plan within the guidelines set out by Rev. Gordon Clay Bailey, Associate Director, of Pastoral Care Care. I increased awareness of the changing demographics in the Village of Harlem and the need for inclusiveness. Rev. Gordon Clay Bailey has been open, welcoming and affirming to all hospital guests, and expressed an interest in an Interfaith Service. I solicited feedback to assess the need, as it was expressed by the guests and staff. My team and I visited seven

¹ Design by Rev. Alicia Victoria Montague.

(7) area hospitals to ascertain the availability of a model to emulate. We found there were none. I was able solicit Rev. Alicia Victoria Montague to be the coordinator for an ongoing Interfaith Meditation Service. I created an innovative and creative ministry, by implementing and delivering the first Interfaith Meditation Service at the Harlem Hospital Medical Center. I have created a space for grace that fosters diversity and embraces inclusion.

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I dedicate this work my son and daughter Rahim Harry Gaymon and Ayisha Gaymon Saul, respectively. Moreover, I thank God and I will just mention the Rev. Marvin Sapp song that says it all;” *I Never Would Have Made It.*”

Lastly, but not least, to Rev. Dr. Keith A. Russell, Dean of the Doctor of Ministry Program, who taught me and enriched my faith, in a sermon that has lasted a lifetime, entitled, “*Don’t Worry about a T’ing, cause Every Little T’ing is Going to be Alright*” preached May 1988 at my graduating ceremony for the Certificate Program in Christian Ministry at New York Theological Seminary.

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Chapter 1 – Introduction to the Setting

Harlem Hospital Medical Center is located at 506 Lenox Avenue (Malcolm X. Boulevard), in New York City, New York. “Harlem USA” is to the community, what Washington, DC is to the Presidency. It is the unofficial headquarters of culture, entertainment and business. “Harlem is known around the world as the Capital of Black America.”² The Village of Harlem was settled by the Dutch in 1658. It was named *Nieuw Haarlem* after the city of Haarlem in The Netherlands and there are still areas in Harlem, where you will see signs displayed that read, “*Village of Harlem*.”

Harlem was inhabited by Lenape Indians. It became a farm and agricultural land that was home to the Irish, German and the Dutch. When Harlem became a village, it couldn’t sustain economic independence and became a part of New York City proper. Harlem is bordered by 110th Street and 155th Street, and extends from the East River to the Hudson River.

Spanish Harlem extends east to the East River and south to East 96th Street. Central Harlem is bordered by 110th Street. However, with re-zoning and the migration of blended ethnic groups that form Harlem, Ralph Ellison once observed, “Wherever Negroes live uptown is considered Harlem.”

² Bailey, A. Peter and Slade, E. J. *Harlem Today: A Cultural and Visitors Guide*. (New York, New York: Gums & Thomas, 1994), 1.

In 1807, the Common Council formed a three-member commission to plot out the layout of the streets and roads in New York City. Jonathan Randal, Jr. – a surveyor and engineer – laid out the design and surveyed the land for almost four years, until 1811, when the plan was approved. It was named the Randall Plan after the chief engineer Jonathan Randal, Jr. who created a regularized street grid from across 14th Street (north) to 155th Street. To date, there are twelve (12) numbered avenues that run parallel to the Hudson River and two hundred and twenty (220) numbered streets that run perpendicular to the river.³

Harlem is like the North Carolina State Fair. If you have ever attended that state fair, you will soon find that it has something for everyone. Harlem is listed on the New York City Bus Tours as a tourist attraction. You can see Double-Decker buses maneuver precariously through the once cobbled-stoned streets. Nevertheless, Harlem is much more than that. It has Salsa Tours, Hip-Hop Tours, Gospel Tours, and Shopping Tours on 125th Street that lure people to Harlem and then entice them to return over and over again.

Harlem *was* once “zoot suits”, kitchenettes, rent parties, and illegal numbers games. Harlem was the Audubon Ballroom, which is infamous as the place where Malcolm X was assassinated. The building has been renovated and is now a part of Columbia University. The façade has been restored and there is a Malcolm X Museum. Another part of the building houses the Malcolm X and Dr. Betty Shabazz Memorial Educational Center.

³John Randel, Jr., "City of New York, north of Canal Street, in 1808 to 1821," in D.T. Valentine's (Manual of the Corporation of the City of New York, 1864) 845-848.

Smalls' Paradise, located at 135th Street and Adam Clayton Powell Jr. Blvd., was a famous nightclub. It was renowned for elaborate floor shows and waiters that danced the Charleston in the 1920's. Currently, it is slated to become the new home for the Thurgood Marshall Academy, a public school, which includes grades 7 through 12. *The Cotton Club* was another renowned nightclub in Harlem, during the 1920's. It was a place of violence, seduction, and hope. So much so, that Francis Ford Coppola directed a movie with the same title, following the lives of the people that visited the Cotton Club. Harlem was a mixture of intrigue, mystery, seduction, and curiosity.

Harlem's neighborhoods comprise of Manhattanville, Sugar Hill, the Mount Morris Historic District, Jumel Terrace Historic District and Striver's Row. Striver's Row was so named because of the luminaries that lived there in the early 1920's and 1930's such as W.C. Handy, who was considered the *Father of the Blues*.

Sugar Hill was from the St. James Presbyterian Church to the Polo Grounds, a stance of about ten blocks, marked Sugar Hill, bordered on one side by Bradford Park and on the other by Washington Heights. Here a line of brick and granite townhouses and apartment buildings, with canopied entrances and uniformed doormen, sheltered Harlem's aristocracy. Like "Nob Hill" in San Francisco and "The Main Line" outside Philadelphia, the name of the locale was used to suggest money and social position.⁴

My maternal grandfather was a tobacco father who owned one-hundred sixty-five acres in Jones County, North Carolina. My uncle Lewis heard stories of the North and the appeal was too vast for him to remain in North Carolina. I know Harlem through my maternal uncle Lewis, who migrated from Pollocksville, North Carolina to the Bronx to live with his younger brother, Elmer Lee. But the night life, ambience and attraction of

⁴*The African-American Experience: Eyes on the Prize*, www.pbs.org.

Harlem began to stir Uncle Lewis' blood, and his curiosity and the seduction of Harlem lured him there.

“The Harlem Renaissance was named after the anthology *The New Negro* edited by Alain Locke in 1925.”⁵ Locke, the first African-American Rhodes Scholar (1907-1910), said of Harlem that the “the new spirit was awake in the masses.”⁶ Harlem Renaissance poetry and prose writers were the likes of Langston Hughes, Zora Hurston Neale, and Countee Cullen. Black intellectuals were Marcus Garvey, W.E.B. Dubois, and James Weldon Johnson and James Van Der Zee a noted photographer. Langston Hughes' ashes are currently interred beneath a floor medallion in the middle of the foyer leading to the auditorium named for him within the Arthur Schomburg Center for Research in Black Culture in Harlem. Harlem became synonymous with the good life and high style.

Afterwards, Harlem of the late 1970's and 1980's emerged. With the infestation of drugs and African-American gangsters, Harlem became a place of dilapidated, abandoned buildings, and empty lots. There were long periods when Harlem was characterized by drug addiction, high rates of burglary, murder, property damage, rape, and robbery. With increased unemployment, decline in population due to decreased livable housing, and the takeover of traditional jobs such as domestic workers, pressers, custodians, and short-order cooks by other ethnic groups, the demographics of Harlem were drastically altered.

⁵Harlem Renaissance - http://en.wikipedia.org/wiki/Harlem_Renaissance, 1.

⁶ Alain L. Locke, *Harlem: Mecca of the New Negro*. (Baltimore, Maryland: Black Classic Press, 1980), 1.

In the late 1990's, after almost four decades of neighborhood decline, crime rates began to decrease in Harlem under the mayoral administration of Rudolph Giuliani. There was re-gentrification and renewal of old buildings, and the main thoroughfare, 125th Street was revitalized.

In 2001, Former U.S. President Bill Clinton rented space in the Adam Clayton Powell State Building, and rents in Harlem increased disproportionately. Today East Harlem has luxury townhouses, condominiums, and sumptuous apartments. In West Harlem, there is a luxury car dealership on the ground floor of a condominium building. Moreover, there are franchises such as Curves, Starbucks Coffee, Duane Reade, Pathmark, Subway's, and Quiznos throughout Harlem.

The Harlem Hospital Center was identified as the hospital that provided medical care for people that would otherwise be denied medical care because of their socio-economic deprivation. "The median family income for its primary service is that of Central Harlem (and) is \$24,230."⁷ The hospital has long been renowned for providing services for medical conditions that are associated with the community such as asthma, hypertension, stroke, sickle cell anemia, trauma events, and HIV/AIDS.

Expansions were made to the facility with the addition of the Martin Luther King Jr. Pavilion, and in 1998, with the addition of the Ronald H. Brown Ambulatory Care Pavilion. Currently, Harlem Hospital Center is a 286-bed acute care facility and Level I Trauma Center.

⁷ Harlem Hospital Center -http://en.wikipedia.org/wiki/Harlem_Hospital_Center

Harlem Hospital Center is the largest hospital in Central Harlem. Harlem Hospital was founded in 1887 on the bank of the East River on 120th Street...”⁸ It served as a beacon that provided medical care for a large population that was a cornucopia of European ancestry. In 1907 the original hospital was replaced by a new 150-bed facility at Lenox Avenue.⁹

Harlem Hospital Center has been a non-profit community teaching hospital since 1962. It is a university hospital affiliated with the College of Physicians and Surgeons at Columbia University. Harlem’s Residency Program is one of America’s largest training centers for physicians of color.

The Harlem Hospital Center is a member of the New York City Health and Hospital Corporation (HHC) that operates the thirteen (13) public hospital and clinics in New York City. The HHC is located at 125 Worth Street, New York City, New York. (See Appendix 1) Currently, there are five (5) hospitals in New York City, two in the Bronx, two in Brooklyn, and two in Queens that have membership. “HHC serves over 1.3 million people each year.”¹⁰

The Harlem Hospital Center has several Specialty Services. As one of the 11 acute care hospitals in the five boroughs, the Harlem Hospital Center provides affordable healthcare for the economically disadvantaged and deprived with an *Asthma Center of Excellence*. It must be noted that there are several bus depots in the vicinity that have a high concentration of pollution exhaust, which contributes to the high asthma rate in the

⁸ New York City Health and Hospital Corporation,
<http://intranet.genplus.nychhc.org/facility/harlem.asp>

⁹ New York City Health and Hospital Corporation,
<http://intranet.genplus.nychhc.org/facility/harlem.asp>.

¹⁰ New York City Health and Hospital, <http://sites.nychhc.org/foundation/intranet/index.html>.

neighborhoods. The hospital has implemented a quality performance rating system that measures the frequency rate, analyzes asthma triggers, provides patient education, and self-management “contracts” that have resulted in a reduction of emergency room visits and hospitalization. Additionally, there is a hospital *Asthma Van* that is available for community activities to provide information and education concerning asthma to the Harlem community.¹¹

All HHC Hospitals are designated AIDS Centers. Harlem proper is the epicenter of the HIV/AIDS epidemic.¹² There is a strategic priority in the *HIV/AIDS Center for Excellence*. It provides confidential counseling and testing. There has been an increase in HIV/AIDS in the African-American community especially among the elderly and African-American women. Upon request, the program director ventures out of the hospital to the more than 400 church congregations in the Harlem community to provide training and education for the young and old.

The *Stroke Center of Excellence* provides care for a disease that is partially attributed to diet, health and general wellness. Hypertension is disproportionately higher in the African-American and Hispanic communities than in any other community. The Harlem Hospital Center is one of the HHC hospitals that provides acute care for an often time debilitating disease that can be managed and frequently prevented.¹³

There are several unique programs that are associated with the Harlem Hospital Center such as the Teen Abstinence Program (TAP), which is a granted-funded program,

¹¹ “Harlem Hospital Center Programs & Services Booklet,” 19.

¹² New York City Health and Hospital Corporation,
<http://sites.nychhc.org/foundation/intranet/index.html>.

¹³ Ibid.

promoting abstinence as an alternative healthy choice to life;¹⁴ and a *Smoking Cessation Program*, which is a holistic one, offering individuals and groups the basics to address the body, mind, and soul experience,¹⁵ the Harlem AIDS Treatment Group (HATG), which serves to treat and serve members of the under-represented such as women and people of color¹⁶, and *The Harlem Hospital Dance Leadership Program*, which promotes healing through artistic creativity and is used by guests (patients) on the wards for injury prevention. (From here on, I will refer to all patients as guests).

There was re-gentrification, re-growth and a renewed interest in the Harlem community. The demographics of Harlem are now black and white, gay and straight, Asian and African-American, Hispanic and European. (See appendix 1) The Greater Harlem Nursing Home is a 200-bed; not-for-profit facility located at 30 West 138th Street, under the auspices of and works in conjunction with the staff at Harlem Hospital. The facility provides medical services and nursing care for the “treasures” as they are called, twenty-four hours a day.¹⁷

Harlem has become an intricate tapestry of languages, cultures and diverse faith traditions and belief systems. The Harlem Hospital Center is a medical facility that provides world-class medical care to the new Harlem. While it provides hospital and hospice care with the Greater Harlem Nursing Home, there is still a need for pastoral care. Chaplaincy is a multi-faith component for health-related pastoral care and education in a hospital environment.

¹⁴ “Harlem Hospital Center Programs & Services Booklet,” 6.

¹⁵ Ibid., 8.

¹⁶ Ibid., 13.

¹⁷ Ibid., 18-21.

The Harlem Hospital Center has a twenty-week Clinical Pastoral Education Program, Pastoral Care at the hospital provides worship services, holy sacraments, and other religious needs, such as baptism, confession, confirmation, weddings and funeral services. The Chaplain Interns are assigned to general and surgical medicine, the Intensive Care Unit, the Emergency Department, In-Patient Psychiatry and In-Patient MICA (Mentally Impaired Chemically Addicted) units. They work with guests (patients) in a wide variety of medical specialties, including Oncology, Telemetry, Hemodialysis and HIV/AIDS. In addition, Chaplains are required to ‘chart in’ guests’ medical records to provide information for the medical staff.¹⁸

There’s an academic didactic component and interpersonal relations seminars that are required to improve personal and interdisciplinary relations. Chaplains engage in ongoing dialogue that is focused on diverse areas, including spiritual assessments. Group theory and leadership, pastoral care and theological reflections are part of the program. In addition, there are several didactics presented by members of interdisciplinary healthcare teams, including, “*Recognizing Signs of Domestic Violence*,” “*Palliative Care*,” and “*Disease Progression*.¹⁹

The Clinical Pastoral Education (CPE) program at Harlem Hospital Center is offered as two part-time units twice a year making it possible for people in full-time ministry or employed to participate in the training. It mandates a total of four hundred

¹⁸ Conversation with Rev. Gordon C. Bailey, Associate Director, Pastoral Care, November 19, 2008.

¹⁹Ibid.

(400) hours of pastoral care supervision in ministry of fifteen (15) hours weekly stints to complete the training and graduate.²⁰

The Rev. Gordon Clay Bailey is the Associate Director, of Pastoral Care. Rev. Bailey attended Wesley Theological Seminary in Washington, DC and earned his Masters of Divinity degree. He is an ordained minister and has dual standing with the United Church of Christ (UCC) and the Unitarian Universalist Association (UAA). He is a United States Navy veteran and was a former Chaplains Assistant in the United States Navy. He has been a Chaplain Resident at John Hopkins University Hospital in Baltimore and a Supervisory Resident for Clinical Pastoral Education at St. Johns Episcopal Hospital in Far Rockaway, New York.²¹

Chaplaincy offers a wide range of opportunities for pastors, seminarians, and those who are licensed to work as ordained ministers. Hospital Chaplains enhance the skills of keen listening, compassion, humility and hospitality. It is an emotionally caring and fulfilling specialty that provides an opportunity to connect with people in often distressed conditions. Besides, it provides the potential to become a Certified Chaplain or a Certified Clinical Pastoral Educator (CPE) Supervisor.²²

The rich diverse community of Harlem proper is reflected in the guests who are served at the hospital. Inclusion and proper patient care are essential. Harlem Hospital Center meets the needs by having in-person or telephone interpreters translate pertinent

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²² Ibid.

information and hospital documents, as needed. In a hospital environment, there is a continued need for alternative care and a comprehensive mind, body and soul experience.

Hospital Chaplains work collaboratively with colleagues and the guests to achieve organizational goals, establish and maintain a multicultural working relationship in a multi-ethnic environment, with sensitivity and respect for diversity and gender. They must demonstrate communication skills, including the ability to speak and write clearly and effectively. In addition, it is the goal and hope of pastoral care to provide a Chaplain who is closely related to the religious beliefs and religious affiliations of the guests.

Chaplains sometimes minister to guests who apparently have no faith in God without proselytizing with the goal of converting and winning their souls for God. Their purpose should be to interact in a manner that promotes the best health and benefits for the staff and guests. To that end, there should be an “Inclusive Ministry” service that is common to all denominations, without being offensive and insulting to the staff and guests.

Chaplains should be devoted to reaching people at their point of need with the Gospel of Jesus Christ. God’s family is extended beyond the local church, and God calls us to be effective by becoming involved with other believers.²³

Clinical Pastoral Education is interfaith professional education to ministry. It brings theological students and ministers of all faiths (pastors, priests, rabbis, imams and others) into supervised encounters with persons in crisis.²⁴

Accreditation of the CPE Unit is supervised by the Rev. Gordon Clay Bailey, satellite under the www.CPSP.ORG. The College of Pastoral Supervision &

²³ Ibid.

²⁴ Rev. Gordon C. Bailey, *Professional Education for Ministry* (Unpaged, unnumbered, private publication)

Psychotherapy is a theologically based covenant community, dedicated to "*Recovery of the Soul.*" CPSP offers the following:

Accredited training and credentialing for Pastoral Psychotherapy:
Credential is certification as Diplomate in Pastoral Psychotherapy.

Accredited training and credentialing for Pastoral Supervision: Credential is certification as Diplomate in Pastoral Supervision.

Accredited training and credentialing for Pastoral Counseling: Credential is certification as Pastoral Counselor or Associate Pastoral Counselor.

Accredited training and credentialing for Clinical Chaplaincy: Credential is certification as Board Certified Clinical Chaplain or Board Certified Associate Clinical Chaplain.²⁵

²⁵ College of Pastoral Supervision and Psychotherapy -www.CPSP.org .

Chapter 2 – Analysis of the Challenge

Challenge Statement

As a Chaplain Intern at the Harlem Hospital Center, located in New York City, New York, I have observed that there is no multi-faith worship service. Resulting from the changing demographics in Harlem, people of other faith traditions are not represented. This demonstration project seeks to assess the need for spiritual support by raising awareness and establishing a multi-faith service worship service

Often times I hear people talk about the pain of suffering and the struggles that they have endured to become an active part of the American fabric. I was born in New York, and raised during the early part of my life in North Carolina. We lived in the rural South on a large farm. I went to a segregated school and there were siblings and cousins that attended school with me, so I never felt alone. Furthermore, I never really appreciated the differences and diversity of others because we were so isolated that we rarely encountered Whites. Separate but unequal was normative.

However, what sparked my concern for about hospitality was when on a hot summer night I awoke to a wooden cross burning on the front yard of my aunt and uncle's house. I really couldn't imagine why Whites hated us so much. I didn't fully understand the effects that power plays in society, but I did understand hate.

Hatred destroys the spirit, so that the soul departs this life. The amount of suffering and pain in the world that has been experienced by so many ethnic groups is immeasurable. Looking at pain from an African American tradition, with the issue of chattel slavery, is horrific, but when I look at the plight of the Native Americans, and

then the Jewish holocaust, or the suffering of the Vietnamese during the Khmer Rouge regime, I can't measure the degree of suffering that each group has experienced. There can never be a comparison made as to degrees of suffering. Each group's pain is unique.

But, we all share in the pain of suppression by domination systems. To that end, there is a need for reconciliation. Reconciliation among cultural and racial differences requires understanding the human condition and the pain from the location of the suffering. Reconciliation requires risking inclusion. However, the attitude behind the inclusion must be considered. Will inclusion be at the risk of reinforcing religious superiority or establishing a level playing field?

Creating a space for grace provides for equal standing and contributes to equality in space and rank. There is no higher echelon. It allows for a reunion of sorts that identifies all as being part of the Beloved Community. The Beloved Community is far greater than that of a workplace or a place of worship. It is a comprehensive way of loving, believing and seeing Others through the eyes of God. Recognizing the diversities and welcoming them as Christ is central to evangelizing hospitality for me, this comes out of my loyalty to God is the essence of my Christian faith.

Seeking to liberate the oppressed, disadvantaged and disenfranchised must not be the quest of one person, group, or belief system. It must be mutual born out of inclusion. We are all entangled in a web of interrelatedness, and propinquity enables us to feel the sorrows of Others. Injustice and economic disparity can't be an African American issue alone; it must transcend color, and encapsulate all those who are affected by the human condition. This is the core of what I did in this project.

I can never become all that is essential to my Christian faith, if I dismiss or diminish Others. I am fully actualized when I allow all Others to have equal standing in a space for grace. Attitudes of religious superiority are diminished when we accept the interrelatedness of our human existence. Becoming the Beloved Community is beyond simply tolerance and lowering cultural barriers, but embracing the totality of human existence in God's love. Although we must offer resistance towards domination systems and unjust powers, I do not advocate that we take up arms. Rather, we must unite in a peaceful non-violent expression of love. Where there is love, there is God. Evangelizing the love of God means risking inclusion and fostering change.

Congregational worship is not the same in a hospital environment as in a local church. For the most part, Protestant ministers perform Holy Communion, holiday services, regular Sunday services, midweek services, marriages, funerals, baptisms, ordination of ministers, dedication of babies, and commissioning of missionaries and Evangelists. However, the role of the Chaplain is to be a minister performing pastoral care. "The gifts God gave...to equip the saints for the work of ministry, for building up the body of Christ." (Ephesians 4:12)²⁶ It is the role of Chaplains to minister to the body, holistically.

Currently, there are several worship services at the hospital. There is a Protestant noon service, a mid week Spanish worship, a Moslem (Jumah) worship service every Friday and a Catholic Staff Chaplain that performs the Eucharist.

²⁶Michael Coogan, ed. *The New Oxford Annotated Bible, with the Apocryphal/Deuterocanonical Books*. Third Edition. (Oxford and New York: Oxford University Press, New York, New York, 2001). The New Revised Standard Version will be the Bible that will be used for biblical citations. The Bible has non-gender specific language. It is the Bible utilized by The Riverside Church of New York.

There is a staff of four (4), thirty-five (35) CPE students and numerous Volunteer Chaplain Interns from a multiplicity of denominations and belief systems that come in on a scheduled basis to provide pastoral care. However, what is missing in this august hospital is a multi-faith service that is inclusive and meets the needs of hospital staff and guests in the absence of their individual spiritual leaders.

With the current downward spiral of the economy, many people are working excessive hours to obtain financial security in an economically distressed society. Medical emergencies and ongoing medical care don't take a leave of absence from our day-to-day lives. The role of Hospital Chaplains is deeply rooted in Christianity. Hospitals, unlike the average parish, church, mosque, temple or synagogue, are dramatic spaces in which life-and-death choices are made every moment of every day. Questions are asked about Palliative Care medication, In-Patient Spiritual Care for the guests, advice on Organ Donations, and the decision to take a family member off ventilation systems or to have a "Do Not Resuscitate" order on file. Increasingly, Hospital Chaplains are asked by patients and physicians to weigh in on such matters with the family and in the absence of immediate family. Cultural and religious beliefs dictate whether some guest consider this as an option or not.

By necessity, Hospital Chaplaincy over the years has become its own specialized profession, with its own board certification requiring hundreds of hours of postgraduate Clinical Pastoral Education in several fields such as administration, psychology, law, crisis management and bioethics. With the changing demographics of Harlem, the need for a multi-faith worship service is essential because of the needs of guests, and their families, and staff during the crisis of hospitalizations. It is critical to the improvement

and success of their hospital stay. There must be a focus on the role that prayer helps in the healing process.²⁷

²⁷ College of Pastoral Supervision and Psychotherapy, www.CSPS.org.

Chapter 3 -Plan of Implementation

Goals and Strategies

1) Goal #1: Raise the awareness among the hospital and the guests that the demographics in Harlem have changed and a multi-faith worship service and hospitality are needed, in order to be inclusive.

- **Strategies**

1. Conduct a seminar with the Chaplains.
2. Conduct a seminar with the staff.
3. Conduct a seminar with the Women's Unit.

2) Goal #2: Develop a Leadership Team of Staff and Volunteer Chaplains.

- **Strategies**

1. Develop the criteria for selecting a leadership team.
2. Select a team and provide orientation and training.
3. Visit various hospitals alone and assign team members to do the same and glean information to develop a format for a multi-faith service.

3) Goal #3: Develop a model for multi-faith inclusive worship service.

- **Strategies**

1. Meet with the Harlem Congregations for Community Improvement, Inc.
2. Develop the benchmarks to implement a multi-faith worship service.
3. Implement model Interfaith Mediation Service and conduct an exit interview with 25 guests.

Action Plan for Implementation – December 15, 2008 – May 2009

1. Meet with all of the chaplains to raise the awareness of the change in demographics in Harlem.
2. Create a leadership team.
3. Visit James J. Peters Veterans Hospital, located at 130 W Kingsbridge Road, Bronx, New York 10468; and meet with the Associate Pastor of Pastoral Care to review a paradigm of multi-faith service.
4. Visit Lawrence Hospital Center, located at 55 Palmer Road, Bronxville, New York 10708; and meet with the Associate Pastor of Pastoral Care to review a paradigm of multi-faith service.
5. Visit North General Hospital, located at 1879 Madison Avenue, New York City, New York 10035; and meet with the Associate Pastor of Pastoral Care to review a paradigm of multi-faith service.
6. Visit St. John's Riverside Hospital, located at 976 N. Broadway, Yonkers, New York 10701; and meet with the Associate Pastor of Pastoral Care to review a paradigm of multi-faith service.
7. Visit the Veterans Administration Medical Center Manhattan, located at 423 East 23rd Street, New York 10010, and meet with the Associate Pastor of Pastoral Care to review a paradigm of multi-faith service.
8. Visit the Metropolitan Hospital Center, located at 1901 1st Avenue, New York City, NY 10029, and meet with the Associate Pastor of Pastoral Care to review a paradigm of multi-faith service.

9. Visit the Lincoln Hospital Center, located at 239 East 149th Street, Bronx, New York 10401, and meet with the Associate Pastor of Pastoral Care to review a paradigm of multi-faith service.
10. Meet with the staff to assess the need for a multi-faith worship service.
11. Create an exit survey for leaving guests.
12. Meet with guests to assess the need for hospital guests.
13. Develop a profile of what other facilities are offering in their multi-faith services.
14. Provide several 20 minute worship services and solicit feedback to ascertain long term needs.
15. Develop a schedule to make sure there are people available and in a rotation of multi-faith services.
16. Attend the bi-monthly Body, Soul, Mind and Coalition Meeting at Harlem Hospital to solicit feedback from the community.
17. Determine what their needs will be in the multi-faith context (Catholic, Islam, and Protestant).
18. Seek to have the religious worship service broadcast on the local hospital television, if possible.
19. Recruit from the Volunteer Chaplains available and the local community of various faith traditions a core team to develop a blueprint for personal spiritual formation, with a sense of multi-cultural and multi-faith urban traditions.
20. Ensure that there is no one religion or faith tradition dominates by rotating the religious leader in the services and developing a schedule. Implement the new model of multi-faith worship/religious service to the Harlem Hospital Center.

Chapter 4 – Harlem Hospital and the Struggle for Justice and Inclusion

***“Give us your tired, your poor, your huddled masses yearning to breathe free,
the wretched refuge of your teeming shore.” - Emma Lazarus***

On May 24, 1626, Peter Minuit was credited with purchasing the island of Manhattan from the natives, known to be Metoac and a band of Lenape Indians known as Canarsee — in exchange for trade goods valued at 60 guilders. This figure is known from a letter by a member of the board of the Dutch West India Company, Pieter Janszoon Schagen, to the States-General in 1626.²⁸ The African-American slaves worked daily in Manhattan in the northern forest region [upper Eastside and Harlem] clearing timber and working at the colony’s saw mill on [74th Street and Second Avenue] for the city’s lumber. The Village of Harlem was absorbed into New York City during the rule of the first British Governor, Col. Richard Nicholls and, beginning in 1655; colonies transformed New Amsterdam into a slave trading post.²⁹

The first organized opposition to slavery was by the Society of Friends (Quakers). In 1767, at their annual meeting, they elected a group to visit other Quakers who were slave-holding members to persuade them to free their slaves.³⁰ It was an expression of philios, a brotherly love that saw slaves as human beings of equivalent stature.

²⁸ Edwin G. Burrows and Mike Wallace, *Gotham: A History of New York to 1898*. (Oxford University Press, Oxford, New York, 1999), 2-9.

²⁹ Howard Dodson et al., *Black New Yorkers: The Schomburg Illustrated and Chronology*, (New York: John Wiley & Sons, 2000), 15.

³⁰ Cynthia Hickman. *Harlem Churches at the End of the 20th Century*. (New York, New York: Dunbar Press, 2001), 9.

Inclusiveness fosters kinship and care-giving. It is an association that engenders the love of God in action. John 13:34-35 says:

I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples if you have loved one another, if you have loved one for another.

In 1872, James Lenox, a wealthy New Yorker, sought to place his aged colored woman servant in a medical institution and found that none of the hospitals in the city would accept her because to her race. Having experienced the feelings of inhumanity and the lack of hospitality, James Lenox established Presbyterian Hospital, and on the cornerstone was engraved the creed, “without regard to race, color or creed.”³¹

I am going to use the Harlem residents as an example of the others, and in this work and expand it to all who do similar work. By 1917, 118,000 Negroes migrated northeast and west to escape the Jim Crow South. Southern blacks moved North and took places vacated by unskilled foreign laborers who returned to Europe after the outbreak of the Great War. When correspondents of *The World* interviewed Negroes about the migration and found out that the main reason for it was for more money. Statistically, it was estimated that 95% of those that migrated from the South were men. They came north seeking jobs and found them as day laborers, miners, and unskilled workers replacing Italians, Greeks, Romanians, and Montenegrins who held those jobs but had returned to their countries.³²

³¹ Peter A. Bailey, Physicians and Surgeons of the Poor: The Harlem Hospital Story; *100 Years of Struggle against Illness, Racism and Genocide*. (Richmond, Virginia: Native Sun Publishers, 1991), 77.

³² Hickman, *Harlem on My Mind*, 29-30

Prior to 1919, there were no black physicians, nurses or administrators in Harlem Hospital. In 1920, the black population was 10,463,131, which was 9.9% of the United States population. The sole purpose of the hospital in Harlem at that time was to care for the indigent and specific medical cases.³³ New York City's overall population 5,620,048 and 2.1% of that was black.³⁴ The impoverished community north of 96th Street had an increasingly black population. With the ever increasing population explosion came higher infant mortality rates, maternity mortality, Pneumonia and Tuberculosis at a higher rate exponentially to the white population. During the 1920s, New York City had three types of hospitals; “1) the municipal, 2) voluntary, 3) the private or proprietary.”

Appointed in 1919, Dr. Louis T. Wright, the son of a doctor, at age 28, became the first African-American physician to join the Harlem Hospital staff on January 1, 1920. Four white doctors resigned in protest and Dr. Casmo D. O'Neill, who was held responsible for the selection, was demoted and reassigned to the Information Booth in Bellevue Hospital. Wright was a Harvard Medical School graduate who had served in the military in France. Despite his impeccable medical qualifications, he was assigned, to the lowest possible position in the hospital, to that of Clinical Assistant Visiting Surgeon in the Out-Patient Department.³⁵

With an increasing Harlem Negro population, the rightness of an “authoritarian white medical board” angered the community, and rallied them toward securing Negroes on the Hospital staff and combating the systemic racism. Ongoing segregation efforts

³³ Hayden, *Mr. Harlem Hospital*, 75.

³⁴ Dodson, *Black New Yorkers*, 167.

³⁵ Bailey, *The Harlem Hospital Story*, 14-17.

were fostered by the white staff to the detriment of the patients' proper medical care.³⁶

Therefore, it was the remedy of the Negro community that "appointment of physicians of their own race to the medical and surgical board of the hospital" occurs.

I believe that the Harlem Hospital Medical Center has been a stronghold that beckons all to come together. From a place of segregationists' principles to a fortress of welcoming and hospitality, the Harlem Hospital Medical Center pastoral care office provides services for all, welcomes, all, without regard to ability to pay, call, language , culture, race, religion and /or ethnicity.

By 1926, Dr. Louis T. Wright was an Adjunct Assistant Visiting Surgeon at Harlem Hospital and the final authority on the appointment of blacks and staff members. In six years, he had gone from being the first Negro physician in the New York City to be trusted with the ability to discern competencies and craftsmanship of surgeons. In the same year, three Negro medical school graduates were appointed by examination competencies, Drs. Aubre L. Maynard, May E. Chinn and Ira A. McGowan as interns. Five white doctors walked out rather than be stigmatized as to the association of Negro doctors as house staff members, or be considered "*nigger lovers.*" Some letters of resignation were direct in their racial antipathy. The White and Negro physicians that continued at Harlem Hospital were selected on their pledge of commitment to the policy of racial integration of the staff."³⁷

Harlem Hospital factionalism was stirring between the Negro and White doctors, and the patients became the victims and suffered the disadvantage of less than standard medical care. Staff resignation and irregular attendance directly contributed to that loss.

³⁶ Hayden, *Mr. Harlem Hospital*, 67.

³⁷ Ibid., 68-70..

There was blatant antagonism from white physicians and it was made clear that Negro physicians were not wanted in the hospital. Misconduct charges filed against a Negro physician, though the charges were never substantiated, resulted in termination from the hospital. In addition, there was a split between the Negro doctors who were educated at White medical schools as opposed to those educated at Negro medical schools. It was alleged that he preferred those who were educated at White medical schools.³⁸

With the black migration from the south to north; Harlem Hospital became a hospital that served a disproportionate number of disenfranchised and financially disadvantaged people. On December 8, 1930, a closed meeting was held by the Manhattan Medical Society that met from 8:00PM to 1:00AM to propose that a survey by the physicians and surgeons be considered for erecting a hospital exclusively for Negroes. It was brought into the open and denounced and unanimously rejected.³⁹ Members of the Manhattan Medical Society assumed the position that a Negro hospital in New York City was necessary and the thought of integration would be unacceptable. In a letter from the Municipal Civil Service Commission, Ferdinand Q. Morton, an influential Democratic and Harlem leader, submitted a letter to refute the obvious and malicious attempt at segregation. He wrote in part that ‘The attempt to establish a colored hospital in New York City is vicious and will be defeated. The city provides medical care for all of its constituents and equal opportunities is offered to all physicians and surgeons. Based on this “unsound policy”, during the reorganization of Harlem Hospital, it was the “summarily rejected.”⁴⁰

³⁸ Hayden, *Mr. Harlem Hospital*, 68-70.

³⁹ Bailey, *The Harlem Hospital Story*; 76-77.

⁴⁰ *Ibid.*, 77.

The working conditions of the intra-staff reached such a fevered pitch that the NAACP was contacted to quell the turmoil at Harlem Hospital. The NAACP under the leadership of Walter White in 1933 developed a committee to explore the working conditions and was to issue a report in 1935. White in part stated that there had been an offer made “to build a special hospital to be staffed entirely by Negroes” and that some “very thoughtful people” sought to block this plan, referred to as the Julius Rosenwald Fund to finance the building of said building. In a far-reaching and over-qualifying statement, Ferdinand Q. Martin, a member of the Municipal Civil Service Commission, Negro political leader and activist in a meeting with Adam Clayton Powell, Sr., one of four non-medical members, pastor of Abyssinian Baptist Church in attendance responded. While his statement was apropos in content, it was overreaching in the actuality of racial equality at the hospital.

In 1935, the noted leadership at Grace Congregational Church and the NAACP fought to have the Reverend A.C. Gardner appointed chaplain at Harlem Hospital. Prior to the fight only white ministers and priests had been placed into the position. In an open letter to the Commissioner of Hospital S.S. Goldwater, James Egert Allen, President of the local branch of the NAACP wrote:

The patients in Harlem Hospital are 85 percent Negroid and Protestant. Self-determination should be a decisive factor in determining the personnel in key positions. The Harlem community should be considered when applications are made for such positions, especially when the issue of religion is concerned.

Dr. Goldwater wrote to Reverend Gardner stating that he may go into the hospital at any time to minister to patients, but that he would not appoint him to the position of Chaplain, which carried a city salary.⁴¹

⁴¹ Hickman, *Harlem Churches at the End of the 20th Century*, 234-235.

At present, the demographic change has the statistics, as complied by the office of Pastoral Care, as Roman Catholic, Muslim, and Baptist, as the denominations and religious affiliation noted on medical records.⁴² Historically, Harlem was an African American and Caribbean American religious community. There was a plethora of religious groups that such as Baptists, Methodists, African-American Episcopalian Zion (AMEZ), Episcopalians, Presbyterians, Lutheran, and Roman Catholics, that sprang up in Harlem. (See appendix 2) Additionally, the demographic characteristics as identified by the Harlem Hospital Center Modernization Project Environmental Impact Statement in the study area in the immediate surrounding area to Harlem Hospital Center are as follows:

The population in the study area is generally older than the populations of Manhattan and New York City. Specifically, the proportions of people in the 50-64 and 65 years or older age cohorts are notably higher than the proportions in Manhattan and New York City, while the proportions of people in the 19-24 and 25-34 age cohorts are notably lower. Average household size is smaller in the study area than it is in Manhattan and New York City. Average household size is 1.96 in the study area compared to 2.08 in Manhattan and 2.59 in New York City as a whole.

Thereafter, “in 1969, in the wake of social change, the hospital reached a 250-bed capacity...”⁴³ Currently, the Harlem Hospital Center provides medical, surgical, diagnostic, therapeutic, and family support to the residents of Central Harlem, West Harlem, Washington Heights, and Inwood.⁴⁴

Logistics have too long identified Harlem Hospital as a predominantly Black Hospital despite the fact that white doctors were the greater part of the hospital staff

⁴² Conversation with Rev. Gordon C. Bailey, Associate Director Pastoral Care on June 18, 2009.

⁴³ New York City Health and Hospital Corporation,
<http://intranet.genplus/nychhc.org/facility/harlem.asp>.

⁴⁴ “Harlem Hospital Center Programs & Services Booklet,” 3.

originally, and now, it has a diverse medical staff. With confidence, I can conclude by saying that Harlem Hospital Center was and continues to be a guidepost of unwavering loyalty to the Harlem community. In the light of segregationist principles, financial restraints by the Harlem community, and a long-fought battle for equality and recognition, in a society fraught with overt racism, the Harlem Hospital Center has required excellence in medical care and prevention for a community too long on the margins. The Harlem School of Nursing suffered a similar plight as the Harlem Hospital Center. (See appendix 3)

On October 6, 1953, Dr. Louis T. Wright died leaving a legacy of a will to excel and unswerving support of integration of Harlem Hospital. For 33 years, he fought the domination systems that sought to keep the hospital segregated by race for patients (Negro) and by race (Whites) for doctors. Resistance to the necessity of integration was fought on both sides of the color line. A third individual who contributed greatly to the development of Harlem Hospital was Dr. Peter Marshall Murray, who was appointed in 1929 as a provisional assistant adjunct visiting gynecologist. Dr. Aubre De L. Maynard, one of the original three Negro interns was promoted to the vacant position.⁴⁵

One of the problems that I found was dealing with the pain and suffering that was experienced by the Harlem residents and Harlem Hospital's struggle from justice and inclusion. It was shocking and painful, because it was not a secreted history. There was time when I was afraid to go to Harlem, and didn't go to Harlem. However, this demonstration project and the history of survival have been cathartic, and I love Harlem.

Racism and discrimination was a challenge to Harlem Hospital. The struggle for justice and inclusion by African Americans has shifted from hostility to hospitality. The

⁴⁵ Bailey, *Harlem Hospital Story*, 28.

Harlem Hospital Center is interracial, international, and multicultural. There is now a vested interest in the hospital to be become representative of the Harlem community, at large.

Chapter 5 - Chaplaincy as Hospitality

“All must be welcomed as Christ.” St. Benedict

I will seek to define the role of the Chaplain as pastoral care giver from the context of our Christian responsibility as stated in the Bible. Specifically, it reads in the book of Matthew, Chapter 25:34-36:

Then shall the king say to them that shall be on his right hand, Come, you are blessed of my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.

The moral implication invites you into the newness of life and in relationship with God because we become keepers of each other. The inclusive nature of that relationship takes on the responsibility of being a part of the life of others to the extent that you want them to be whole and in a personal relationship with God.

In the Gospels, there are several examples of hospitality that can be cited and that should be examples for Christians to follow including: 3 John 1:5, “Beloved, you do faithfully whatever you do for the friends, even though they are strangers to you.” God asks us to remember that we were once enslaved to sin and He did not forget us, and that we were once aliens in a foreign land and that He delivered us.

In Matthew 25:40, we are again reminded that if we provide for the least of the least, we are loyal to God, and we are in fellowship with him, and are practicing hospitality. Since God has given us himself as an example of hospitality and by

shedding his blood for us, as his people as disciples, we must follow his example, by being thankful and faithful, showing love and generosity to meet the needs of those that are not a part of the mainstream. We must become concerned with those who are disenfranchised and disadvantaged, the Others.

In the book of Hebrews, Chapter 13:1-2 states: “Let mutual love continue. Do not neglect to show hospitality to strangers, for by doing that some have entertained strangers without knowing it.” Vigilance must continue because we never know when we are in the presence of angels. Moreover, in Revelation Chapter 3:17, it says that in the accumulation of wealth people became spiritually barren and that we are to literally become “naked” by selling and giving, in deference to the needy. In Romans, Chapter 12:13, we are called to continue to show the love of God, by being a never-ending servant of God. “Contribute to the needs of the saints; extend hospitality to strangers.” I submit that this is the most integral part of being a Christian. It is sharing, giving, caring, to the point that we become “the Good Samaritans” (Luke 10:25).

Mother Teresa submits that where Jesus is, there is joy, peace, and love. Jesus and his presence are always present everywhere, and he has an unconditional love that is inexhaustible. For love to be valid there has to be an element of sacrifice. In the same manner that God, the Father gave his only son, people should be able to see Christ in us through our prayers, our love, our lives, our families and in our deeds. Then we can be known as people of “the way”, God’s way. Glorifying God must be love in action. Evidence of our love for God can be found in our service to others, and especially to those that are the least of them. It is not enough to talk about homelessness, hunger and poverty. It is in the doing, the very action that we come into the good of what it means to

live a life pleasing to God. Our vocation should be to live in Christ with the conviction that nothing and no one can separate us from the love of Christ as outlined in his Word. Love should be preached without preaching, not just in proclaiming the gospel, but in living the gospel. The reoccurring theme in this work is the reconciliation and the inclusion of others into the mainstream. We become the part of God that dwells in us by being an example of the gospel, and the sympathetic influence of what we bear in our hearts.⁴⁶

Love seeks to serve. It is the essence of human existence, and in the workings of our love, we are an active reflection of Christ. Love cannot be love without action. It must manifest itself in action and that action is service. In the end of our lives, we will not be judged by the number of awards, certificates and diplomas that we have amassed or the number of titles and letters that precede or succeed our names. Rather, the judgment will be passed upon our response to a biblical verse:

I was hungry and you have me to eat, and in the hunger it was not just food but love, I was naked and you clothed me, and in the nakedness I have loss of human dignity and respect, and I was homeless and you took me in, and not just for want of a room, but the homelessness was because of rejection.⁴⁷

However, the issue of discrimination was transferred from the southern states to Harlem and the Bible was the tool of confidence, hope and freedom. The comparison is in the text of Isaiah 41:10-13:

Do not fear, for I am with you, do not be afraid, I am your God; I will strengthen, I will help you, I will uphold you with my victorious right hand.

⁴⁶ Frank J. Cunningham, ed., *Mother Teresa: Words to Love By*. (Notre Dame, Indiana: Ave Maria Press, 1983), 8-20.

⁴⁷ Cunningham, *Mother Teresa: Words to Love By*, 21-80.

In the same manner that Israel was in exile, African-Americans in Harlem were Africans in the Diaspora who were not well received. Up to that point, they had gleaned a relationship with God, and relaxed in and rested upon the Bible as a source of strength in self-determination. There is a parallel between the daily lives of Harlem residents and the nation of Israel in the Bible

Looking to the north for change and inclusion, Harlem was excluded and separated from New York proper, in terms of housing, healthcare, employment, racial equality, and social justice, but inclusive for people of color. In his sermon entitled, *Fear Not!* Rev. Dr. Brad Braxton stated that being afraid was being acutely alive and in touch with your humanity. Dependency on God transformed the fear expressed and often whispered in Harlem in the midst of disparity and hopelessness into ideals and dreams.

The realization that God was in charge and control, they rested in the knowledge that God knew the Alpha and Omega of their circumstances and coming to Harlem, they sought God in a plethora of religious institutions that have become a part of the fabric of Harlem USA. The changing demographics have included different places of worship. Faith in God becomes impervious to logic because the “presence of God became an antidote in mobilizing the presence of fear.” God openly promised Israel that he would remake them, and the faithful of Harlem knew that they were incapacitated apart from God. Trusting in God gave them the same limitless possibilities.⁴⁸

Nouwen in his book *Reaching Out* affirms that unity is found in the recognition of strangers. While hospitality is the fundamental attitude toward our fellow human beings, challenging times in the human condition has created ambivalent feelings towards Others.

⁴⁸ Brad Braxton. “Fear Not!” a sermon preached on April 26, 2008, at The Riverside Church of New York.

Dislike of foreigners, the homeless, hungry and the lost must be met with moving from a place of hostility towards hospitality, which can be accomplished by evangelizing tolerance and acceptance. Similarly, the parable of the great dinner, in Luke 14:13-35, invites the poor, the crippled, the lame and the blind, and when there is still room for more guests, the strangers are invited to come, those who are travelers, strangers and foreigners. Conversion of hostility to hospitality requires creation of the friendly empty space. It offers an invitation to a new relationship. Opening the space for others to find their God and their way, does not conform the stranger to the host, rather, it allows them to sing, dance, and speak their own language and find their space for grace.⁴⁹

Walter Wink defines a correlation between hospitality and the good news. He affirms that Jesus in Mark 10:45b was calling the disciples to reverse the customary power of domination systems. Imitation of this behavior implements Jesus' struggle to liberate people and slave manumission. The good news preached by Mark is in part a restoration to wholeness. It was in the liberation from the powers that people must seek wholeness in them and for others to be made whole. Liberating becomes a "new criteria for humanness and a cornerstone" for service. Furthermore, there must be a movement of the marginalized to the center. In the Christ relationship, "taking up the cup of baptism of suffering," the suffering of others would slow to a new world power relation in which "success" is measured by the capacity to liberate others. Service is hospitality and practicing inclusion is evangelization the gospel of grace in action.⁵⁰ In the book of Isaiah 53, the ministry of reconciliation is expressed. Self worth is defined in relationship

⁴⁹ Henri Nouwen, *Reaching Out: A Special Edition of the Spiritual Classics Including Beyond the Mirror.* (Great Britain, England: HarperCollins Publishers, 1976), 120-128.

⁵⁰ Walter Wink, *The Human Being-Jesus and the Enigma of the Son of the Man.* (Minneapolis, Minnesota: Augsburg Press, 2002), 92-98.

to our forgiveness and acceptance of God. Whereas God was rejected by people, gleaned Christlike humility enables all to serve and model Jesus.

A theological reflection of pastoral care in hospitals necessitates acceptance of the guests in their current situation and acknowledgement of pastoral care givers coming along side in the midst of the circumstances. "Theological reflection becomes [the manner] in which the gospel is once again made new in the life of an individual..." with full awareness of their social context. "It respects the political, economic, social, cultural and religious background of the patient and the hospital setting."⁵¹ The guests (patients) or relatives should be aware of the value of persons created in God's image, opportunities for growth and understanding, facilitating experiential relationship with a divine authority, and acknowledging the presence of God.⁵²

⁵¹ Neville A Kirkwood, *Pastoral Care in Hospitals*. (Harrisburg, Pennsylvania: Morehouse Publishing, 1995), 230-233.

⁵² Kirkwood, *Pastoral Care in Hospitals*, 234-245.

Chapter 6 –Embracing Inclusion

“A person in touch with his roots never dies.” West African Proverb.

Rev. Dr. Robert J. McCracken, in his sermon, “*Discrimination: The Shame of Sunday Morning*” the issue regarding the prevalence of ‘Jim Crowism at eleven o’clock on Sunday morning” was a topic that bore witness to a blatant racial divide in American Protestantism in that era. McCracken proceeded to make a comparative analysis of how the church was lagging behind while other bodies such as “education, politics, housing, the courts, employment and military service … a good record of integration.” The questions that McCracken begged an answer for then, still begs an answer today. In an every evolving universe, we are stagnated as a people in relationship one to another.⁵³ McCracken cast doubt on several questions;

Have we not all one Father? Hath not God created us? That makes short shrift of discrimination. Over all the barriers that men have reared, it goes, saying first of all and the deepest of all. Have we not all one Father.” It is what our Lord insists upon” “When you pray. Say, Our Father.” The pronoun is not to be detached from the noun, and it is plural. The whole family of nations is in it. All men are God’s children all without exception are the objects of His love and care.⁵⁴

More than five decades later, we are still wrestling with the issue of discrimination. Sadly, it is still in the church and a part of the Christian faith. However, the dynamics are slightly different in our response to Muslims, Hindus, Buddhist, and

⁵³ Rev. Dr. Robert J. McCracken, “Discrimination: The Shame of Sunday Morning,” a sermon preached at The Riverside Church of New York, February 21, 1954. New York: The Riverside Church, 2005.

⁵⁴ McCracken, *Discrimination: The Shame of Sunday Morning*.

Jews. When one of the Sadducees lawyer asked Jesus, which was the greatest commandment, Jesus said to him: “You shall love the Lord your God with all your heart, and with all your soul, and with your entire mind.” This is the greatest and first commandment. And second is “You shall love your neighbor as yourself.” (Matt. 22:34-39) To love our neighbor, we must first know our neighbor, and to know our neighbor, we must acknowledge their diversity and the story that they tell from their separate and distinct location.

Allow me to introduce myself as one who represents the faith tradition of a Baptist. I speak from the tradition as an American Baptist and as a female. I can only explain that the relationship from my identity. Baptists are a people of living faith and mission. We are an autonomous church and an associational church, which is both independent and inter-dependent with other faiths groups and religious traditions. Furthermore, we do *not* believe that we are the “final expression of God’s kingdom.”⁵⁵ Being in relationship with Christ is a personal, individual and intimate relationship that requires no intercession on the part of humanity. Rather, it invites the anointing of the Holy Spirit to be a part of that living faith. “The Baptist emphasis on the individual is based on the biblical affirmation that every human being is created in the image of God.” Acting upon and living into the great commission, we become equal in standing and not a respecter of persons, because Christ invites all to the communion table. Whereby, the

⁵⁵ Rev. Dr. James O. Stallings on November 9, 2009, at the American Baptist Churches Metro New York 218th Annual Meeting at Lenox Road Baptist Church, 1356 Nostrand Avenue, Brooklyn, NY 11226.

great commission becomes a faith walk for every American Baptist. “The criterion by which the Bible is to be interpreted is Jesus Christ.”⁵⁶

Inviting the Holy Spirit to become central in living our daily lives is vital to be the total of what Christ requires of us as Christians and in that faith tradition. The essence of becoming a model of Jesus is in Romans 8:9; which says, “But you are not flesh; you are in the Spirit, since the Spirit of God dwells in you.” When we invite the Holy Spirit into our lives, and let it reign in our hearts, we become a model of Christian behavior. When we allow the anointing of the Holy Spirit to fall upon us, we are love. Rev. Dr. Martin Luther King, Jr. in his sermon *Beyond Vietnam* declared;

This call for a world-wide fellowship that lifts neighborly concern beyond one’s tribe, race, class, and nation is in reality a call for an all embracing and unconditional love for all men. This oft misunderstood and misinterpreted concept is readily dismissed by the Nietzches of the world as weak and cowardly force has become an absolute necessity for the survival of man. When I speak of Love I am not speaking of some sentimental and weak response. I am speaking of that force which all of the great religions have seen as the supreme unifying principle of life. Love is somehow the key that unlocks the door which leads to ultimate reality. This Hindu-Moslem-Christian-Jewish-Buddhist belief can be summed up in the first epistle of Saint John: Let us love one another; for love is God and everyone that loveth is born of God and knoweth God. He that loveth not knoweth no God, for God is love. If we love one another, God dwelleth in us, and his love is perfected in us.⁵⁷

The Beloved Community has five crucial components that must be integrated and built in order to be effective. They are love, peace, reconciliation, forgiveness, and hospitality. Without them jointly, there can be no inclusion. The Bible in Matthew 7:14,

⁵⁶ Walter B Shurden, *The Baptist Identity: Four Fragile Freedoms*, (Macon, Georgia: Smith & Helwys Publishing, 1993), 8-24.

⁵⁷ Rev. Dr. Martin Luther King, Jr., “Beyond Vietnam,” a sermon preached on April 4, 1967, at The Riverside Church of New York. New York: The Riverside Church, N.D.

says, “You will know them by their fruits.” There must be words to love by and examples to live by, in becoming Christ-like. All are welcomed in Christ.

Rev. Gail Badger-Morgan in conversation declared that the Bible is written by man divinely inspired by God that contains the principles by which we will be judged. They are the supreme standards by which all human conduct, creeds and opinions will be tried. Baptists believe that the Holy Scriptures is authoritative and inerrant. Looking at the world through a Baptist lens often times will result in a legalistic narrow hermeneutic by which people and things are judged in an exclusionary and sometimes in a discriminatory manner. In a world where pluralism and inclusion have been thrust upon the radar screen of society, many male Baptists are struggling to create a means to allow women to share in the pulpit ministry, to allow those with alternative styles to worship without ridicule and evangelize to those who would least likely join their denomination; specifically those of other races and ethnicities. Baptists have been forced to recognize that the same Word of God that they have used to remain an exclusive body also demands that they recognize that God welcomes all to the table as He desires that none of his children perish.⁵⁸

Contemplatively, of the five main religions, despite the fact the fact that there are a myriad of fundamental differences, there is a recurring theme that is applied to living into the fullness of life, moral values, and a system of beliefs and doctrines that include a definitive set of rules for humankind. Easily, I can contest the belief in many gods and idols, through biblical scriptures, but the goal of this discourse is to reconcile the

⁵⁸ Conversation with Rev. Gail Badger-Morgan on February 15, 2010.

diversities, to the extent that we must each risk becoming “new and better”⁵⁹ through relationships that are inclusive. To accomplish that act, there must be a mutual respect for religious freedom and the right to worship in one’s particular custom and faith tradition. The faith books are different, but the words are analogous and should be made use of to foster inclusion.

To that end, there must be respect for a narrative that has moved away from one perspective. The Euro-centric story is not the only story and it is not inclusive of all cultures since the birth of America.⁶⁰ Rather, it must be a myriad of narratives being emphasized by modernity. IMAGO DEI, the image of God, can no longer be just one story, but the grand narrative that encompasses a universe that is multicultural. Voices from the margin, the disenfranchised, and the marginalized, must have their religious expression from their location and belief systems. The symbolical relationship between man and God is referenced in Genesis 1:27, “So God created humankind in his image, in the image of God he created them, male and female he created them.” Therefore, one story is exclusive of many hence, it must be a grand narrative that is all encompassing and incorporating those that may have been on the perimeters of society. Imago Dei brings everyone to the round table and there is no separation of status or elevation or degradation based on power.

Worshiping at The Riverside Church of New York has been informative, and enabled me to go beyond tolerance. The Riverside Church is an interdenominational, interracial and international church duly affiliated with both the United Church of Christ

⁵⁹ Dr. Michelle Lim Jones, “Christology, Culture & Images of Christ,” Class Lecture in January 2007

⁶⁰ Dr. Michelle Lim Jones, “Asian-American Theology and Spirituality,” Class Lecture, Fall 2006.

and the American Baptist Churches and cooperates with the Council of Churches worldwide.

I have been a member for nineteen (19) years. There are numerous mission and social justice accomplishments that can be attributed to the church; such Global Justice and Peace, which focuses on the United Nations role in peace making and peace building, Sojourners, a ministry with detained immigrants, and the Prison Ministry and Family Advocacy, which supports prisoners in struggles for justice and to re-engage in life in the community.

In the same manner that The Riverside Church of New York is interracial, interdenominational, and international I believe that an Interfaith Meditation or Prayer Service at the Harlem Hospital Center will embrace diversity and foster inclusion, which would be representative of the Harlem demographics. I am an American Baptists and my key core belief is that “we are an inclusive people that embrace a pluralism of race, ethnicity, gender and theology.”⁶¹

Inclusion is an approach to belonging. It is an attitude that fosters an activity. It transforms racism in to love. It is similar to inclusive language, it seeks not to isolate or separate. More exactly, inclusion seeks to become “new and better” by moving away from being politically correct, but by thinking and living politically correct.

I worked hard to understand the Other so that I might become a more responsible agent for interfaith Inclusivity. Staff Chaplain Imam Luqman Abdush-Shahid was most helpful in sharing the concerns of Muslims with me. The following is a digest of a conversation that I had with him.

⁶¹ Shurden, *Baptist Identity*, 117-119.

I have been a Muslim for almost forty (40) years. African American Muslims consider themselves Indigenous Muslims. There are many Muslim cultures. We make a distinction between culture and religion. There are three Muslim sects, Sunnis, Shiites, and Sufi's. However, we consider ourselves one Islamic brotherhood. Ninety (90) percent of all world Muslims are Sunnis. Becoming a Muslim automatically makes you a minority within a minority.

It is important for people to know what we believe. Most people have a negative of Muslims and Islam. We believe in the five pillars of Islam. Similar to Jews and Christians we have a declaration of faith (*Shahadah*) which must be in front of two or more Muslims. We pray (*salat*) five times a day, at ascribed times. We believe in charitable contributions to the poor and the needy by giving (*zakat*) which is two and a half percent of our personal savings once a year. In the ninth month of the lunar calendar, during Ramadan, we fast (*sawm*) from sunset to sundown, which is similar to other monotheistic religions. Lastly, if you can afford it and if you are of good health you must make a *Hajj* (pilgrimage to Mecca) once in a lifetime.

The holiest day for Muslims in our *Jum'ah* prayer (Congregational Prayer) on Friday's. Hearing the call to prayer is similar to Jews sounding the shofar or Christians ringing a bell. I believe that Jews, Christians and Muslims have a quranic Abrahamic lineage that binds us together, and we must be in relationship with each other.⁶²

Being a Facilitator and a Muslim Chaplain, I am always concerned about cultural competency and caring for Muslim patients. Language, religion, spiritual and social practices, family dynamics, gender dynamics, nutrition and dietary habits that influence health care delivery for Muslim patients. The ability to work effectively in cross-cultural situations and one's own attitude towards cultural differences can adversely impact health care. The changing demographics in Harlem and health disparities contribute to the increase in Muslim patients. Increased awareness of what Muslims believe, their mode of dressing, gender roles and understanding *halal* dietary restrictions, will foster inclusion. Recognizing and respecting differences, without proselytizing and preaching encourages inclusion. Accepting that Moslems can be American, African-American, Asian and Hispanic is crucial. Respecting that there are only two Islamic holidays, *Eid-ul-Fitr* (Feast of the Fast Breaking) which is celebrated for one day on the first day after the month of Ramadan, and *Eid-ul-Adha* (Feast of the

⁶² Conversation with Imam Luqman Abdush-Shahid, Staff Chaplain, on September 9, 2009.

Sacrifice) which is a three-day celebration that begins on the 10th day of Dhul Hijjah.⁶³

Muslims believe in the Qur'an, the Bible, the Psalms and the books of David. We believe in thirty –two prophets that are of equal standing and from the same God. The Prophet Mohammed, Moses, Abraham and Jesus all have equal standing for us. Our life is centered on what the Qur'an says and what was said by the Prophet Mohammed. I will leave you with this, from the Qur'an;

If God wanted, says the Qur'an, God could have made all humanity one single community, but out of compassion God chose diversity so that we might "vie, then, with one another in doing good works!" (5:48)⁶⁴

⁶³ *Cultural Competency in Health Care: Caring for Muslim Patients* in Practical Guidelines Training "Workgroup at Harlem Hospital" in 2009, 2-3. Imam Luqman Abdush-Shahid was the co-Facilitator of the course and we engaged in a conversation about the training manual on February 2, 2010.

⁶⁴ Mackenzie, *Getting to the Heart of Interfaith*, 100.

Chapter 7- Building the Beloved Community

“If a man does away with his traditional way of living and throws away his good customs, he had better first make certain that he has something of value to replace them.” – Basuto Proverb

Spirituality and worship at the Riverside Church is diverse, pluralistic and complex. It reflects the current trend of religion in America, to the extent that there are “multiple congregations at the Riverside Church, or “congregations within a congregation.” The gathering of Maranatha for gays and lesbians, the black Caucus, social justice and seniors’ citizens programs, the food pantry and the clothing bank create an overlapping of congregational ministries, although they can stand alone, under the umbrella of the church. Inclusion of everyone, fosters diversity, each embraced and respected for its importance to the whole.⁶⁵

To combat those hostile and racist views, it is most important that one allows themselves “to move beyond separation and suspicion” in the “journey to interfaith dialogue and coloration.” The willingness to engage others and become involved with them holistically develops an “evangelical adventure” that awakens and the profundity of love that Christ expects, and that Christians profess.⁶⁶ Furthermore, “American Baptists

⁶⁵ Peter J. Paris et al. *The History of the Riverside Church of New York* (New York: New York University Press, 2004), 279-320.

⁶⁶Pastor Don Mackenzie et al, *Getting to the Heart of Interfaith: The Eye-Opening, Hope-Filled Friendship of a Pastor, a Rabbi, and a Sheikh.* (Woodstock, Vermont; Skylight Paths Publishing, 2009), 7-12.

support religious freedom and respect the expressions of faith of others.”⁶⁷ We are a people that have been ridiculed and persecuted because of our faith traditions, and we are strong advocates of the religious freedoms of all. We have a faith that transcends cultures such as Native American Baptist, Italian Baptist and Chinese Baptist, and we are in cooperation with all belief systems and traditions.

Dr. Martin Luther King, Jr. in his 1967 “*A Time to Break Silence*” speech, expresses the concerns of a global world revolting against systems of exploitation in search of new world systems of justice and equality. The revolution of values facilitates an ecumenical relationship to mankind in the hope of achieving the best in individual societies. Love is the solution that engenders a Hindu-Moslem-Christian-Jewish-Buddhist belief about ultimate reality.

Archbishop Desmond Tutu affirms that a good deed doesn’t just evaporate and disappear. We are people through other people. We need other human beings in order to be human. We are all family, and in a happy family, you receive in relation to your needs. We all share a common humanity, and in that commonality we survive, and we are a glorious world when we live in harmony together. He submits;

If I diminish you, I diminish myself. The highest praise in his culture is “*Yu, u nobuntu*” which acknowledges the quality *ubuntu*. It addresses the central theme of the essence of what is human. It encompasses two parts: first being that you are viewed as being hospitable, gentle...caring and compassionate on behalf of others. Possessing the aforementioned qualities enables them to be openhearted to the extent that they become inextricably bound to the humanity of others.⁶⁸

⁶⁷ *10 Facts you Should Know About American Baptists*; This brochure, produced by the Office of Communication/General Ministries, is made possible through United Mission, 3.

⁶⁸ Archbishop Desmond Tutu. *Believe: The Words and Inspirations of Desmond Tutu*. (Boulder, Colorado: Blue Mountain Press, 2007) 30-36.

Thurman in his book *Disciplines of the Spirit*, proposes that” ...the underlying unity of life seems to be established beyond doubt.”⁶⁹ In reconciliation there is a “grounding unity for the larger life of his mind and spirit as it relates to his fellow.” Who then can say we are not brothers and sisters? We are all welcomed in the Beloved Community. It is an egalitarian communion. The very act of affirming Others and Outsiders bring all into the Beloved Community with equal standing.

Eva Mozes Kor, in the documentary story of her survival in the Nazi concentration camps at Auschwitz, Germany, and losing her twin sister to the horrific experiments conducted on twins by Dr. Mengele, said, “Forgiveness can’t happen when people are fighting for their lives.” If there is no peace between two or more countries, two factions, or two people, there is no peace.⁷⁰ The most striking and dynamic part of this documentary is that Eva Mozes Kor uncategorically issued a proclamation of forgiveness, to the very people that had sought to annihilate and eliminate the Jews. Forgiveness reconciles relationships and builds trust. Trust fosters love. Where there is love, there is always the possibility of building bridges for inclusion.

The Bible in Matthew 5:9 calls for Christians to be peacemakers. It is a role defined by service and protection of Others. It encompasses the poor in spirit and oppressed and aligns with them to bring peace and wholeness.

It is the duty of all those who consider themselves as disciples of the kingdom of God to evangelize for the hospitality. Personal connection is necessary to achieve that task. “Inquiring more deeply” into their core beliefs welcomes the stranger.

⁶⁹ Howard Thurman. *Disciplines of the Spirit* (Richmond, Virginia: Friends United Press), 104-109.

⁷⁰ *Forgiving Dr. Mengele*, 2005. A documentary about Auschwitz survivor Eva Mozes Kor and her act of forgiveness, and the criticism she endured. Aired on public television on April 1, 2008.

Opportunities for story telling from their perspectives and truth dispel myths. Queries into religious superiority, the values of right, wrong, good or bad, constructs a roadblock. Attentive listening, sharing experiences, and the telling of individual stories from their location and faith tradition garner mutual respect and dignity. It welcomes the stranger. In Hebrews 13:2, it says “Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it.”

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Gustav Niebuhr advocates that the most explicit example of Hospitality in the Christian tradition is in the Gospel of Matthew chapter 25, where it says,

Lord, when was it that we saw you hungry and gave you food or thirty and gave you something to drink? And when was it that we saw you a stranger and welcomed you, or naked and gave you clothing? And when was it that I was sick or in prison and visited you?

And the king will answer them, “Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.” Hospitality across religious lines tends to be no different than extending hospitality across religious beliefs and practices. Findings reported by the Hartford Institute for Religion Research show that

there were 335,000 churches in the United States in 2000, and that between 20,000 and 25,000 of them were involved in interreligious activities. Five years later interreligious worship has tripled more than twenty-two percent.⁷¹ Extending an open invitation to Buddhists, Bahais, Hindus, Muslims, Sikhs, or Jains require accepting them as equals. The invitation cannot be a proselytizing tool, but a spiritual confidence that welcomes religious diversity and shows hospitality. In the same manner that the aged Abraham and his wife Sara sees three strangers in the book of Genesis, and rushed to greet them by the, bowing and offering bread and water, the same type of invitation must be extended, and the welcoming of the stranger is similar in the three western religions, and as the Hindus say, the guest is God.”⁷²

For Christians, an approach to interfaith dialogue begins with the stories of the Samaritan woman at the well (John 4:2-42) and that of the Good Samaritan (Luke 10:25-37). Both stories relate a story about caring for someone from another religious community.⁷³ Using Paul Ricoeur’s “hermeneutics of suspicion,” we can expose the essence of the stranger, as God, demystify the conundrum of neighbor, as all in the world, and unleash unconditional love by welcoming all into the body of Christ. Fostering diversity requires looking at Others with a suspicion that seeks further understanding.⁷⁴ In caring for others, it is an expression of God’s love for all humanity. The relationship between the Samaritan woman and Jews is extraordinary because Samaritans and Jews

⁷¹ *Cultural Competency in Healthcare*, 12.

⁷² Gustav Niebuhr, *Beyond Tolerance: Searching for Interfaith Understanding in America* (New York, New York: Penguin Group, 2008), 84-122.

⁷³ National Council of Churches USA, *Getting to Know Your Neighbors of Other Faiths: A Theological Rationale for Interfaith Relations*, 1, www.ncccusa.org

⁷⁴ Rev. Dr. Umberto Alfaro, “Critical Interpretation,” lecture, New York Theological Seminary, New York, Spring 2008.

were not in a relationship with one with another. However, this example brings into being a limitless love and it answers the question, “Who is my neighbor?” Again, *hesed*, love is a revealing spirit that does not have to look upon the stranger as an enemy. Psalms 143:8 says: *Let me hear of your steadfast love in the morning, for in you I put my trust. Teach me the way I should go, for to you I lift up my soul.*”

Rev. Dr. William Sloan Coffin, Jr stipulates:

We, too, must carry on a lover’s quarrel with the world, so that when...we depart this life, we leave behind a little more truth, a little more justice, a little more peace, and a little more beauty. That would have been there had we not cared enough about the human race to quarrel with it, not for what it is, but for what it yet might be.⁷⁵

Understanding love is the tradition of Abrahamic monotheism. Agape love lifts us above the needs and concerns of the self to a different level of identity, to a higher level of spiritual awareness.⁷⁶ Who then can say that we are not involved in the sum total of the human condition when it concerns anyone of God’s children? Are we not all a part of the whole? Do we respond in the same way that Peter responded when Cornelius was summoned him to his home. Peter explained that it was unlawful for a Jewish man to keep company with the Gentiles or to go one of another nation, or to be in relationship with one that was considered unclean. However, God did a new thing there through, and in evangelizing the true nature of Christ opened up new possibilities for fellowship and inclusion. In Acts 10:34-35,

Then Peter began to speak to them:” I truly understand that God shows no partiality, but in every nation, anyone who fears him and does what is right is acceptable to him.

⁷⁵ Rev. Dr. William Sloan Coffin, Jr. “Warring Madness,” a sermon preached at The Riverside Church, 21May, 1978.

⁷⁶ Mackenzie, *Getting to the Heart of Interfaith*, 56.

During the history of the village of Harlem, it became synonymous with African-Americans, and their struggle to survive in an otherwise white city. Harlem's distinctiveness became a seemingly endless struggle against an institutionalized prejudice bent on separation and denigration, while they struggled for recognition of equal standing in the city.

In his famous *I Have a Dream*, speech, Dr. King said,

The marvelous new militancy which has engulfed the Negro community must not lead us to a distrust of all White brothers, as evidenced by their presence here today, have come to realize that their destiny is tied with our destiny. And they have come to realize that their freedom is inextricably bound to our freedom. We cannot walk alone.⁷⁷

Congregational life entails evangelism that builds ecumenical bridges and engagement in appropriate social ministry. In Haldeman's book, *Towards Liturgies that Reconcile*, he acknowledges that European-American and African-American liturgical worship has separated rather than built a bridge towards a center. The same old story of 400 years of slavery affecting African-Americans' self-determination in religious worship is relevant and has scars with scabs that are yet unhealed. The ministry of reconciliation is paramount if we are to transcend culture and race. Accepting a reality of God is our *Imago Dei*.

Telling the story requires creative ministry. We can't use the master's tool to dismantle the master's house. Separate by equal is homogenous and safe. It does not embody the love story of Jesus Christ.⁷⁸ Haldeman affirms that "all members of the Body

⁷⁷ Martin Luther King Jr., *I Have a Dream: Writing and Speeches that Changed the World* (HarperSanFrancisco1992), 103.

⁷⁸ William Scott Haldeman. *Toward Liturgies that Reconcile: Race and Ritual among African-American and European American Protestants*. (Burlington, Vermont: Ashgate Publishing, 1988), 219-225.

need a place at the table. No authority is entitled to say, “I have no need of you.”⁷⁹ That is the fundamental nature of evangelism. All are welcomed in the body of Christ. No one can say, I have no part in you, and you have not part in me. We are connected in a never-ending relationship.

On January 14, 2010, “*Different Books, Common Word: Baptists and Muslims*” aired on WABC television, and we were both identified as extremists.⁸⁰ It was a documentary of five Muslims-Baptist stories that occurred in different parts of this country. The theme from both perspectives was being good neighbors, from the point of view of a Muslim and of Mainstream Baptist in America, and both in relationship with the other. One of the issues raised was that Baptists teach their followers that Islam is a “wicked religion.” However, that is not the language of the Qur'an. It describes love in relationship to God and strangers much like the aforementioned passages in Mathew 22:34-39, as follows: “Worship God, and join nothing to him, and do well to parents, relative, orphans, to the needy, to neighbors who are near, to neighbors who are strangers...” (The Qur'an 4:36).

Both the Qur'an and the Bible share a love of God and of the stranger and evangelism is living into the scripture as stated above and in Matthew 5:22-24:

But I say to you that if you are angry with a brother or sister, you will be liable to judgment; and if you insult a brother or sister, you will be liable to the council; and if you say, You fool, you will be liable to the hell of fire. So when you are offering your gift at the altar, if you remember that your brother or sister has something against you, leave your gifts there before the altar and go; first be reconciled to your brother or sister and then come quickly with your gift.

⁷⁹ Haldeman, *Towards Liturgies that Reconcile*, 239.

⁸⁰ *Different Books, Common Words: Baptists and Muslims* aired on January 14, 2010, on WABC-TV, and produced by www.Ethics Daily.com.

Bruce Prescott, Executive Director of Mainstream Baptists of Oklahoma City, Oklahoma declared; “When you’re talking about the prejudice that Baptists have towards Muslims, what they’re realized most concerned to do is to assert the superiority of their own faith. I think most Baptists are willing to let Muslims worship as long as they know that they’re second-class citizens and that they don’t have an equal space in the public space. They’re not going to prohibit them from worshipping. They’re just doing the best they can to make sure that the predominant form of faith in the public space is their brand of faith.”⁸¹ It was not easy to watch and listen to others defining their opinion of Baptists, as a collective denomination. However, there are Baptists within Baptists, and it can be said of any Christian denomination. Baptists happen to be the most extreme. Rather than be defensive, I am glad there was a meeting between the Baptist and Muslim at all, because it is the start of an open dialogue.

After the September 11, 2001, attacks, there were occasional attacks on some Muslims living in the United States, although it was restricted to a small minority.⁸² Reconciliation of the barriers of superiority and intolerance can be resolved by “both sharing the easy and the difficult parts” of others’ traditions. To get to that point, there must be an atmosphere of mutual respect and dignity that allows approachability. The attitude of apathy exists when no one acknowledges another faith tradition or degradation thereof. Identifying the areas in one’s individual faith tradition that create areas of uncertainty and suspicion promotes an opportunity to look into other belief systems.

⁸¹ *Different Books, Common Words.*

⁸² “Cultural Competency in Health Care: Caring for Muslim Patients in Practical Guidelines,” Training Workgroup at Harlem Hospital, 2009, 12-15.

In the book, *Getting to the Heart of Interfaith* Pastor Don identified five Christian traditions with which he is uncomfortable. (1) The belief that Christianity is the only way. “I am the way, the truth, and the life. No one comes to the father except through me” (John 14:6). (2) The inequality of women. “Wives be subject to your husbands” (Ephesians 5:22). (3) The prohibition against homosexuality. “For this reason God gave them up to degrading passions. Their women exchanged natural intercourse for unnatural, and in the same way also the men, giving up natural intercourse with women, were consumed with passion for one another” (Romans 1:26-27a). (4) The prohibition against divorce. “But I say to you, anyone who divorces his wife, except on the grounds of unchastity, causes her to commit adultery; and whoever marries a divorced woman commits adultery” (Matthew 5:32) (5) The attitude toward Jews. “For this reason, the Jews were seeking all the more to kill him” (John 5:18a). ⁸³

Comparatively, Rabbi Ted explained three troubling areas that he found in his Jewish tradition. (1) That the Jews are God’s only chosen people. “For you are a people consecrated to the Eternal your God. Of all the peoples on earth the Eternal your God chose you to be His treasured people” (Deuteronomy 7:6). (2) The violence. “Thus said the Eternal One of Hosts, I am exacting the penalty for what Amalek did to Israel, for the assault he made upon them on the road, on their way to Egypt. Now go attack Amalek, and destroy all that belong to him. Spare no one, but kill alike men and women, infants and stockings, oxen, and sheep, camels and asses!” (1 Samuel 15:2—3, JPS 3) (3) God as a Rewarder and Punisher.

Now if you obey the Eternal your God, to carefully keep all His commandments, which I enjoin upon you this day, the. Eternal your God

⁸³Mackenzie, *Getting to the Heart of Interfaith*, 81-84.

will set you above all the nations of the earth...But if you do not obey the Eternal your God...all these curses shall come upon you...The Eternal will let loose against you calamity, panic, and frustration in all the enterprises you undertake, so that you shall soon be utterly wiped out because of your evildoing in forsaking Me...If you fail to observe faithfully all the terms of this Teaching that are written in this book...the Eternal will inflict extraordinary plagues upon you and your offspring, strange and lasting plagues, malignant and chronic diseases.”
(Deuteronomy 28:1, 15,20,58,59, JPS.)⁸⁴

In regard to Islam, Sheikh Jamal explained three areas that he found “awkward in Islam.” 1) Exclusivity. In the Qur'an in reference to the Jews: “I preferred you to all others for My Message” (2:47) and the Qur'anic verse that says that the people closest to Muslims in love are Christians, especially the priests and monks (5:82). (2) Sword Verses. “Slay them wherever you may come upon them, and drive them from wherever they drove you away” (2:191, trans. Asad). (3) *Qawwama and Daraba*. The word *Qawwama* implies *not only* “ruler” and “manager”, but also “protector” and “supporter”. The word *daraba* can mean “beat” but also “go along with.” In that manner, Sheikh Jamal finds that Islam has relegated women to second-class citizens.⁸⁵

"Those who believe, the Jews, Christians and Sabians - any who believe in God and the Last Day, and work righteousness, shall have their reward with their Lord. They need not fear, nor shall they grieve"(62 Surah Al Baqara) portrays the Jews and Christians in a positive light. Christianity is embedded in Judaism since Jesus was a Jew, and Christian share the Old Testament as part of their Bible. In Micah 6:8, “And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.” It is the same in meaning Judaism and Christianity. In the same manner, Islam is inclusive in their language. “Humanity in its diversity is invited into “the Abode

⁸⁴ Mackenzie, *Getting to the Heart of Interfaith*, 88-93.

⁸⁵ Ibid., 96-99.

of Peace” (10:25, trans. Asad.), and we are encouraged to “strive as in a race in all virtues; the goal of you all is to Allah” (5:48).⁸⁶

Hindus believe that there is only one Supreme Being and he is the God of all religions (Genesis 1:1). Being both Monotheistic and Polytheistic, they believe that there are 333,000 thousand gods, all of which are representations of the one true God-Brahman (Matthew 28: 19). In that view, Jesus Christ is the reincarnation of one of their Hindu deities in human form, and he is worshipped alongside the other deities. (Luke 1:35) In representation, they have an avatar, (Bhagavad Gita 4:5-9), which is the manifestation or incarnation of different deities. By virtue of the statistics alone, Hinduism would have religious superiority over all other religions. “Finally the identity of Brahman with the universe is clearly brought out. Brahman is in front and Brahman behind, Brahman is to the right and left, Brahman below and above, and Brahman is the whole universe. The logical conclusion is pantheism: God is everything and everything is God.”⁸⁷ Moreover, they accept that all Holy books are inspired by God, including the Bhagavad Gita, Bible (II Timothy 3:16) and the Qur'an.

For Hindus, “religion is a way of life, not separate from everyday life.”⁸⁸ The existence of a soul and the reincarnation of the soul, going through many births and deaths until enlightenment have been obtained (*moksha*); which facilitates good karma and happiness. In the pursuit of realizing their true selves, their scriptures (*Vedas*) suggest that by listening, thinking or remembering, and concentration and meditation of

⁸⁶ Mackenzie, *Getting to the Heart of Interfaith*, 100.

⁸⁷ Geoffrey Parrinder. *Upanishads, Gita and the Bible*. (New York, New York: Associated Press, 1962), 9-45.

⁸⁸ Mary M Toole. *Handbook for Chaplains: Comfort My People*. (Mahwah, New Jersey: Paulist Press, 2006), 1-5, 22.

and on self, the goal is to achieve happiness. Their five obligations are to worship daily; participate in Hindu festivals; live a life of duty and good conduct; observe their many sacraments; and make a pilgrimage each year to temples or holy people.⁸⁹ In Hinduism, *Bhagavad Gita*, the god Krishna declares, “I am the same to all beings. With me there is none disfavored, none favored; but those who worship Me with devotion are in Me and I in them” (9:29)

Logically, God is present in every place, and if I am up, down, right, left, above and below, right and wrong God is fully present. His immanence and his grace are boundless and endless. Similarly, to the aforementioned God, the followers are constantly in the presence of the Lord. Whereby, there is no need to attempt to degrade the value of other Gods or Christian denominations.

Salvation in Christianity is a gift from God. “For by grace you have been saved through faith, and this is not your own doing, it is the gift of God and not the result of works (Ephesians 2:8-9).” On the other hand, in Hinduism, *Moksha* or salvation is realized by good works, and it is a replication of an endless cycle of reincarnations that take place in many worlds and in many lives.

Buddhism is a Dharmic religion centered on the life and teachings of Gautama Buddha, believed to be the Enlightened One.⁹⁰ Similar to Islam, Judaism, and Christianity, it has moral standards and patterns of thought and reason that exist to govern a way of living. Buddhism advocates that all of life is suffering, and there exist Four Noble Truths: 1) life is full of suffering; 2) suffering comes from greed, hatred, and

⁸⁹ Toole, *Handbook for Chaplains*, 1-5.

⁹⁰ www.newyorkbuddhistchurch.org

ignorance; 3) there can be an end to suffering; and, 4) that comes from the Eightfold Path.⁹¹ It brings you to the true nature of suffering, the origin of suffering, the cessation of suffering and the true path that leads to the cessation of suffering, as experienced by Gautama Buddha that led to his enlightenment. The goal is the end of all suffering, which is *nirvana*.⁹²

While Christians acknowledge Jesus as the Messiah, Buddhists believe that Siddhartha Gautama was the ‘Buddha’ or Enlightened One. Analogous to Hinduism, Buddhists do not believe in one single God, but acknowledge numerous deities known as ‘Buddhas’ or enlightened beings or Bodhisatvas. Salvation can be achieved by the way of Enlightenment, and trying to prevail over the evils of greed, ego, attachment, anger and lust. Like Hinduism, performing good deeds and community service leads to salvation.

“Interfaith is good in that we are all equal even though we worship differently. We can share in God in one place.”⁹³ The similarities that exist in the three western religions are areas of uncomfortablility and seeming distress. Conversely, there are numerous parts of Christian, Jewish, and Islamic traditions that can be the central theme that unifies and engages the diversity of others. Accentuating the positive and celebrating the differences can engender inclusion, which can be accomplished by sharing those facts.

Correcting false information and misconceptions does require inquiring more deeply in others’ religions to dispel myths. Most Moslems believe that Christianity is

⁹¹ Toole, *Handbook for Chaplains*, 2-7.

⁹² Nancy Ross Wilson. *Buddhism: A Way of Life and Thought*. (New York, New York: Vintage Books, 1981), 2-35.

⁹³ In conversation with Sister Anastasia Iduma on February 24, 2010, Staff Chaplain, Catholic Nun.

Polytheistic because of the Trinity ($1+1+1=1$). For Moslems it is a mathematical equation that $1+1+1=3$, assuming that the Father, Son, and Holy Spirit equal three Gods. However, speaking as a Christian, the nature of God is the Trinity. In the epistle of the Apostle Paul to the Romans (Chapter 8), recognizes that the spirit of God dwells in us. “Likewise the Spirit helps in our weakness, for we do not know how to pray as be ought, but that very Spirit intercedes with signs too deep for words. And God, who searches the heart, knows the mind of the Spirit because the Spirit intercedes for the saints according to the will of God.” Calling for the anointing of God to fall upon us and intervene for us, keeps Christian is relationship with God. It does not postulate that we are polytheists or superior in religious thought. Christianity has an atmosphere of mysticism, which is the mystery of an illogical faith. On the other hand, it acknowledges Jesus (*Isa Al Masih*) and a Spirit from Him (Surah 4:171).⁹⁴

“Faith is foundational category for all religious life...” and Christians were complicit in religious superiority during colonialism and post-colonialism. Postcolonialism engages “the overlapping issues of race, empire, diaspora and ethnicity.”⁹⁵ Christianity birthed the Trans-Atlantic slave trade, and western imperialism and domination systems unduly influenced Africa, Asia, and the Middle East by propagating Christian superiority.

“You ridiculed our faith patterns,” it was said.⁹⁶ Missionaries unyielding in Christian convictions denounced and dismissed centuries-old belief systems and faith

⁹⁴ Wilfred Cantwell Smith. *Towards A Word Theology: Faith and the Comparative History of Religion*. (Maryknoll, New York: Orbis Books, 1989), 107-129.

⁹⁵ R.S. Sugirtharajah, *Asian Biblical Hermeneutical and Postcolonialism: Contesting the Interpretations* (Maryknoll, New York: Orbis Books, 1998), 15.

⁹⁶ Smith, *Towards a Word Theology*, 133.

traditions. Expunging and denouncing in the name of Jesus, fostered religious superiority and intolerance.

Living Faith, is proclaimed in II Corinthians 3:14-18, “But thanks be to God, who is Christ always leads us in triumphal processions, and through us spreads in every place the fragrance that comes from knowing him. For we are the aroma of Christ to God among those who are being saved and among those who are perishing; to the one a fragrance from death to death, to the other a fragrance from life to life. Who is sufficient for these things? For we are not peddler’s of God’s word like so many; but in Christ we speak as persons of sincerity, as persons sent from God and standing in his presence.” Reconciliation must be cultivated and accepted in race, empire, and ethnicity if religious egalitarianism is to be achieved and valued.

To paraphrase Archbishop Desmond Tutu, by diminishing others’ culture, race, and religion demonstrates the lack of hospitality or compassion. Endeavoring to become Christlike by welcoming the stranger, allows us to become interwoven in the human condition of others. By welcoming we demonstrate our faithfulness to God, and we evangelize by what we exhibit to others. Evangelism requires a good relationship with each member of the Beloved Community, and all are welcomed in Christ. Moreover, all must be welcomed.

Chapter 8- A Space for Grace at the Harlem Hospital Center

“Give what you have. To someone, it may be better than you dare to think.”
Henry Wadsworth Longfellow

It is the contention of this author that there is a difference in mission between the development of a “Textually Inclusive” worship service that incorporates readings from various religious traditions and the development of an “Interfaith Chapel.” Worship in the Chapel should surely integrate literary traditions from multiple religions, but the Chapel's primary purposes should be much more far-reaching.

First and foremost, “beyond Textual Inclusiveness”, an Interfaith Chapel must be “Welcoming”! Especially in secular settings such as hospitals, prisons, schools, etc., each constituent person, notwithstanding her/his belief-system, should be enabled to internalize that, at least at special designated times, the Chapel is his/her home. In accomplishing this, the head Chaplain would do well to take a facility-wide census in order to determine religious preferences. Subsequently, a calendar representative of the major holidays and observances pertinent to these preferences could be established, and the specific occasions could be acknowledged as they occur. Moreover, at such times, there should also be some type of religious symbol placed in the Chapel that would be conducive to a nuance that is soul-stirring for the congregants. However, it is important that the collective symbols not be visible to everyone at every point in time for then the Chapel would become more of a *hodgepodge* that ministers to No One! The symbols should either be removed when not in immediate use or placed in a dedicated

area where they could be attended to solely by their devotees and/or those with interest while being inconspicuous to non-enthusiasts. Furthermore, the symbols, it would be heartwarming for their admirers if one or more of them came from the relevant native land.

Beyond Textual Inclusiveness” and being “Welcoming” to the constituency within its institution, the music played during worship in an Interfaith Chapel needs to be selected with extreme sensitivity to style and shading. Because of the exceedingly difficult task involved with programming eclectic music that not only befits the nuance of its occurrence in the service but that also sounds non-discordant relative to all the other selections, a highly skilled and sensitive professional musician is a necessary in achieving this goal.

An enhancement for an Interfaith Chapel would gain significant credibility if it becomes an intimate setting in which personages from multiple belief systems could dialogue about interreligious matters. This would also, prove beneficial in raising Interfaith consciousness among curious onlookers.

In addition to all of the above, and certainly “beyond Textual Inclusiveness,” an Interfaith Chapel should have an “educational outreach” component. Unlike religiosity, a multi-faith concept of Spirituality involves community interaction that reaches out and embraces peoples of multiple nationalities and belief systems. However, there are still too many Christians who feel: "If it doesn't have to do with Jesus Christ: crucified, died, buried, and resurrected from the grave, I don't even want to hear about it!" This limiting hermeneutic is most especially prevalent among those who are middle-aged and older. They fail to realize that Jesus Christ was not a Christian but rather The Christ (i.e., the

Anointed One) who came to demonstrate The Way, that Christianity is merely others' interpretations (after his crucifixion and resurrection) of what Jesus was about, and most importantly, that the ministry of Jesus was one that sought to break down human divisiveness! A perfect example of this can be witnessed in Jesus' interaction with the "Woman of Samaria," which was implicit of his willingness to engage in conversation with peoples of all social and religious classes. Therefore, "beyond Textual Inclusiveness," it becomes that a viable Interfaith Chapel ⁹⁷engage both the development of reading materials and the designing of special programs that will result in enlightenment while highlighting the need for everyone around the world to abandon mere tolerance and learn to respect, appreciate and love one another: that all religions may begin to be engaged in favor of Human Spirituality: that will not only usher in but well preserve the New Kingdom of God harmonious with The New Heaven and The New Earth!

⁹⁷ Rev. Alicia Victoria Montague.

Chapter 9 – Implementation and Evaluation Process

Goals and Strategies

- A. Goal #1: Raise the awareness among the hospital and the guests that the demographics in Harlem have changed and a multi-faith worship service is needed, in order to be inclusive.

Strategies

1. Conduct a seminar with the Staff Chaplains.
2. Conduct a seminar with the Volunteers and Chaplain Interns.
3. Conduct a seminar with the Women's Unit.

Method of Evaluation

- i) I will record the feedback from the meeting.
- ii) I will record and evaluate the results of the staff seminar with the Associate Director of Pastoral Care, by obtaining his input.
- iii) I will review the results of the seminar on the Women's unit.

Implementation of Goal #1

During the period of December 15, 2008 to May 2009, I conducted seminars with the four (4) Staff Chaplains individually and together when possible. I made them aware of the demographic change in Harlem, and Rev. Bailey advised me of the trends in terms of identification when guests are admitted to the hospital. His pastoral care records indicated that the Baptist, Roman Catholics, and Muslim, were the largest groups requesting pastoral care. Additionally, there were Jews, Hindus and Buddhist, which precipitated arranging for an on-call Buddhist for their pastoral needs. The goal was to make sure that there was inclusion of service for all guests in the Harlem Hospital Center.

I met with the Volunteers and Chaplain Interns and explained the changing demographics in the Village of Harlem demographics. We met in the Harlem Hospital Center Chapel at the bi-monthly meeting. I met with the Chaplain Interns in one of the Clinical Pastoral Education (CPE) Classes, under the auspices of Rev. Gordon C. Bailey, Associate Director, and Pastoral Care and explained the demographic changes. They represented a myriad of faith traditions, and there was only one interfaith minister.

I also met with some of the nurses on the Women's Unit and the guests between rounds and the guests on my patient's visits. Additionally, Sister Anastasia Iduma who covers that unit was sought for feedback. It was explained that there was a need for inclusion, and with the demographic changes and the staff diversity.

Additionally, in speaking to the Muslim women they were concerned about being alone with men, and while they did want to speak to an imam or a chaplain, they wanted strict adherence to their Islamic culture. I gave them brochures on the times of the Friday Jumah services, which were produced by Rev. Alicia Victoria Montague in Spanish, English and French. (See appendix 4) Lastly, I explained to them that there was a language translation system that was available for them and was accessible by using the blue translation phone.

Evaluation of Goal #1.

I enhanced awareness with the Staff Chaplains, the Volunteers and Chaplain Interns, and the nurses on the Women's Unit by explaining community demographics, and the need for a service that reflected those changes. They were all receptive to the information. The Women's unit staff were relieved that Sister Anastasia Iduma was the staff Chaplain. The staff were delighted that I was available and that I knew some of the

Islamic cultural norms. They appreciated that I offered information on language translation and gave them brochures on scheduled services.

B) Goal #2: Develop a leadership team of Staff and Volunteer Chaplains Strategies

1. Develop the criteria for selecting a leadership team.
2. Select a team and provide orientation and training.
3. Visit various hospitals alone and assign team member to do the same and glean information to develop a format for a multi-faith service.

Method of Evaluation

- i. I will evaluate the effectiveness of the criteria.
- ii. I will evaluate the effectiveness of the orientation and training of Chaplains Assistants to ascertain the need and service provided by getting the input and approval of the Associate Director of Pastoral Care.
- iii. I will maintain accurate records of responses, and informational inquiries of those who participate in the hospital visits.

Implementation of Goal #2

I developed criteria for selecting my team members in dialogue with Rev. Gordon C. Bailey, and learned the authority structure to make decisions in his absence. Criticism went well.

I selected people that were familiar with chaplaincy, such as Chaplain Interns, CPE Students and the staff of Pastoral Care. I wanted one person who would be able to provide an individual and objective perspective to the project. The members were as follows; Rev. Gordon Clay Bailey, Fr. Emmanuel Okpalauwaekwe, Sister Anastasia Iduma, Imam Luqman Abdush-Shahid, Rev. Alicia Victoria Montague, Adrienne Croskey, Rev. Gail Badger-Morgan and Raymond Rodriquez. It worked well.

All training was provided within the guidelines set by Rev. Gordon C. Bailey and the Staff Chaplains, such as a ministry of presence, individual prayer with the guests, availability of the hours of the chaplains, and the times of worship services. Rev. Alicia Victoria Montague designed a brochure in English, Spanish and French, that was given to the guest for a quick reference. Chaplain Interns and Volunteers were instructed how to access the computer system and print out the guest information, and maintain strict confidentiality with documents, and to respond in the system to guests referrals. In training Volunteer Chaplain Interns and it was mutually agreed that all training was in compliance with the pastoral care training and it was documented. (Referrals are guests that request a chaplain for pastoral care.)

Imam Luqman Abdush Shahid and I made the visits to seven hospitals to solicit feedback and ascertain a model for implementing a multi-faith worship service. There were four questions that were asked at each hospital, as follows: 1) Do you have Interfaith or Multi-faith Worship Services? 2) In light of my project, do you recommend an Interfaith or Multi-faith Worship Services for the guests (patients)? 3) Do you think that it is necessary and would you recommend it for Harlem Hospital Center since the demographics of the hospital have drastically changed in the last decade? 4) If you recommend an Interfaith or a Multi-Faith Worship Service, what would be the frequency rate that you recommend?

What we found was that there was no multi-faith or inter-faith service at any of the aforementioned hospitals. Generally, they were conducted around an untoward event, such as the 9/11/20001 attack, or a memorial service. There was a concern about religious superiority, and Christianity over-shadowing all other religions, and there was

no model that I was able to use to develop a paradigm for change. I recorded all of the hospital visits and maintained a record for this project. (See appendix 8)

Evaluation of Goal #2

Rev. Bailey explained to me that the order of authority in his absence to make decisions which was first, Father Okpalauwaekwe, and then Imam Luqman Abdush Shahid. They both readily agreed. My team members were supportive in implementation of the project, and offered feedback. They represented a myriad of faith traditions, and there was only one Interfaith Minister. The one member that did not participate in any of the Harlem Hospital process was an active member at The Riverside Church of New York, and he offered feedback. In the absence of a multi-faith or interfaith model, I made the decision to create an Interfaith service with the help of the team members that was inclusive and granted equal standing for all religions and Native American Spirituality.

The training was effective in that all of the chaplain Interns and Volunteers that I trained were able to successful navigate the pastoral care system and provide assistance as needed for the guests. They were given consistent units which enabled them to have a long-term working relationship with the staff. They were aware of the protocol, the ministry of presence, providing brochures and literature.

Goal #3: Develop a model for multi-faith inclusion worship service.

Strategies

1. Meet with the Harlem Congregations for Community Improvement, Inc.
2. Develop the benchmarks to implement a multi-faith worship service.
3. Conduct an exit interview with 25 guests and implement for multi-faith or inter-faith service.

Method of Evaluation

- i. Record and evaluate the responses from the Harlem Congregations For Community Improvement, Inc seminar.
- ii. Record and evaluate the benchmarks for a multi-faith worship service by getting input and approval from the Associate Director, Pastoral Care.
- iii) Assess my participation in the multi-faith service from the staff and guest perspective by asking them for their responses.

Implementation of Goal #3

During the period between December 15, 2008 and May 2009, Rev. Bailey attended one of the Harlem Congregation Community Improvement meetings to assess the need of the Harlem community. He informed them of the availability of the worship services, and the CPE program. I attended a different meeting during that period and informed them of the services that were available, and expressed my interest in meeting their needs. They were receptive to the visit on both occasions.

I spoke with the respective hospital staff members to understand their faith traditions, and concerns, and what they would consider appropriate in an Interfaith Worship service. Additionally, I wanted to make sure that the language and symbolism not appear to be exclusive. All agreed.

I explained that the Interfaith Worship Service would be handed over to another Chaplain. Furthermore, since there was a Volunteer Interfaith Minister, Rev. Alicia Victoria Montague, I recommended that she take over the program after implementation. All were in agreement.

In an effort to develop a multi-faith or interfaith worship service there was language that was necessary. It was stated that by the Imam Luqman Abdush Shahid that

it couldn't be called a "worship service". With his excellent rapport with the hospital Jewish staff, he solicited feedback and they were in agreement. The preferred term was an Interfaith Meditation Service or Interfaith Prayer Service. Rev. Bailey, after speaking with me on-call Buddhist monk, and with the Hindus, informed me that they were equally in agreement about the name of the service. It was further stated that the songs should not be all Christian in nature, with reference to *Christ* and *Jesus*, but songs that transcended faith traditions, such as *Amazing Grace*. Providing Rev. Bailey with all of the feedback, he agreed completely with the model benchmarks.

I implemented the Interfaith Meditation Service, and conducted an exit interview. The results were as follows; 53% stated that that had belief in God or a belief system, 27% state that they had faith in God or a belief system during a need time or crisis, 12% said that no particular faith system, and 8% said they had no belief in God. All team members thoroughly agreed with the implementation of this project and it is ongoing. Rev. Alicia Victoria Montague, an Interfaith Minister will be monitoring the process, under the auspices of Rev. Gordon Bailey.

Evaluation of Goal #3

I gave three sermons that were directed at a strictly Protestant audience, and while the message was well-received, it was my opinion that there was a need for inclusion in that setting. To continue with my services would duplicate what is already in place, and my goal was to create a space for grace, that fostered diversity and embracing inclusion. While my sermons served their purpose, they did not achieve the intended target. (See appendix 5) To achieve all of my goals I developed an action plan, and was successful in achieving all of the twenty items listed.

The meeting with the Harlem Congregations Community Improvement facilitated a working relationship to establish what was important in worship. Rev. Bailey and Imam Luqman ferreted out information that was important for inclusion and that did not detract from the service.

I was able to create and implement the first Interfaith Meditation was inclusive. It will be an ongoing service that can be termed an Interfaith prayer Service, if necessary. Rev. Alicia Victoria Montague, an Interfaith Minister has a constant participation to insure there is no religious superiority. The project was well received by Rev. Gordon Bailey and the Chaplain Staff.

The choral call to worship was the song, “*Our World is One World*”. There were responsive readings that were led by Buddhist, Catholic, Islamic, Jewish and Protestant leaders. We sang songs from *Singing the Living Tradition* hymnal that did not have gender specific or Christian oriented language that would be exclusive to other faith traditions. I selected “*Far Too Long, by Fear Divided*” and “*Love Makes a Bridge*” from that hymnal. I had the lyrics on the handout, to facilitate a smooth transition in the service. I was the coordinator of the Interfaith Meditation Service, (See appendix 5) and I offered greetings and did the invocation, using religiously inclusive language from the ecumenical and interfaith guidelines given to me by Rev. Gordon Bailey. (See appendix 6) Similarly, the responsive readings were in the handout to foster a smooth transition in the process. I gave a homily, entitled, *Courage to Forgive and Strength to Love*. (See appendix 7)

Afterwards, Imam Luqman Abdush Shahid led the Islamic responsive reading and gave a brief sermon spoke speaking on love from an Islamic perspective. After the

imam, in rotation the Buddhist leader, Jewish leader, and the Catholic leader each shared a brief message. All gave messages that were interwoven in the same theme. I gave the closing Benediction as a Protestant.

After the Interfaith Meditation Service I had an informal gathering of some of the celebrants that were in the service to solicit feedback. They expressed feelings of gratitude because the service reflected the spirit of the change in Harlem and the staff. They did not offer any suggestions, but stated that they appreciated the inclusiveness.

Thus, I successfully implemented the first Interfaith Meditation Service and it is an ongoing service that is being coordinated by Rev. Alicia Victoria Montague, under the auspices of Gordon Bailey. Imam Luqman Abdush Shahid expressed thanks to me for implementing the service, and for creating a space in the Chapel for the Muslims to pray (salat) and store their prayer rugs. Rev. Alicia Victoria Montague designed a symbol for the interfaith service that was inclusive of the many world religions. (See design on the abstract) However, since the Muslims have a strict adherence to no pictures, idols, mirrors in the *masjid*, we use the symbolism in the office of pastoral care. There are now no religious symbols at all in the Chapel. Rev. Gordon Bailey agreed and expressed his appreciation and approval of my performance in my annual Chaplain Intern evaluation.

Overall, I would say that my initiative has helped to create a genuinely interfaith and inclusive “space for grace”. Because this has been a cooperative endeavor, the groundwork has been laid from this spirit to continue to be manifested in specific ways, such as the daily use of the chapel for Muslim prayer, regular interfaith services conducted by Rev. Montague, interfaith seders (initiated this year), and the impending Muslim holy days in the chapel.

Chapter 10 - Ministerial Competencies

Leader

Previously, I had some trepidation talking to the Chaplain Interns and the Volunteers, because I didn't want it to appear that I was in charge of them or that I was usurping the authority of Rev. Gordon Bailey. Furthermore, I was unfamiliar with all of them. However, as I began to know them individually I was better able to foster open and honest communications. I have since developed amplified confidence.

Similarly, I was uncomfortable when I met with the Harlem Congregations for Community Improvement. There were ministers of various denominations and I didn't want to be over-bearing in sharing my information. However, by the time I attended the Body, Mind and Soul Coalition meeting, I had increased confidence in my relationship with the Harlem community, and was able to take the minutes of the meeting and offer input without feeling self-conscious.

I have developed the ability to become involved with Others to the extent that status or non-status in the American tapestry is unrelated to the greater purpose, which is the ministry of Jesus Christ. I believe that I can mobilize a coalition of people on a specific task to achieve certain goals. Being a transformational leader requires excellent interpersonal skills and a demonstrated ability to give constructive comments that fosters a desire to, and for change which I have gleaned during this project. While multi-tasking is grossly overstated, I am great at sequential tasking, prioritizing tasks, and coordinating timely and appropriate responses, as opposed to the past. Moreover, my ability to place

the law and ethics above private gain is essential to avoid the appearance of an impropriety. I became comfortable with shepherding the new Chaplain Interns and Volunteers, and they were receptive to me. The Pastoral Care Staff, Chaplain Interns and Volunteers looked to me for direction and leadership. The Hospital staff on the Women's Unit and Hemodialysis looked to me to be a part of the holistic process with the guests. When I entered the units, they referred to me whom they thought needed spiritual or pastoral care.

Imam Luqman Abdush Shahid expressed confidence in me that I would properly administer to the Muslim female guests on the Women's Unit and the guests on Hemodialysis in his absence. Furthermore, he stated, that in absence of a Muslim Chaplain, if he was to become sick, he was confident that I would comply with his religious restrictions and beliefs as he prescribed them to me. He said that he saw evidence of my growth and stated that he would feel comfortable with me as chaplain. Additionally, he said that since he trained me under the auspices of the guidelines established by Rev. Gordon Bailey, I have flourished.

Prophetic Agent

I am not one to boast, but Imam Luqman Abdush-Shahid called me the “Mother of Interfaith Services”. I was able to arrange for the interfaith dialogue to ensure that there was honest and ongoing communication. Rev. Gordon Bailey, Imam Abdush-Shahid, and I worked in conjunction to ensure that the language was inclusive. The staff became comfortable with me, and relied on me to provide sufficient pastoral care that transcended cultural and ethnic lines.

A careful self-examination of my life and the ability to function in a cross-cultural environment that I trust to give me accurate and constructive information enables me to

be a prophetic agent. I have a Baptist faith and commitment to the inspired word of God, and have enhanced my proficiency through studying, meditation, fasting, and praying. It is important to be able to discern one's direction to become inclusive and transformational. This experience has confirmed my demonstrated the ability to establish and maintain rapport with Others, according to my evaluations by Rev. Gordon Bailey.

I haven't hated or particularly disliked anyone. However, facing the emerging religious and theological diversity tempted me to become comfortable and retreat to my American Baptist roots and what had been normative. But, rather than retreat to my safety net, I sought to become engaged by inquiring and welcoming Others. I sought to understand and acknowledge the differences. Furthermore, I was able to fully appreciate and accept the religious differences without devaluing and relegating them to a lower position. Letting go of preconceived ideas that shape oppression and discrimination and threatens our well being is extremely important. My peers, and the staff at the Harlem Hospital Center, have informed me of that transformation, too.

I began seminary volunteering in the Pastoral Care Department at Harlem Hospital as a Chaplain Intern. I wanted to equip myself for ministry be visiting the sick and being a ministry of presence. I met with the Associate Director of Pastoral Care, Rev. Gordon Bailey, and signed a covenant agreement. By taking a leadership role in pastoral care, I have become more confident in the ministry of presence, prayer, counseling on "Do Not Resuscitate" advice and interdisciplinary relationships with the Social Workers and the physicians.

I have enhanced my strength to love, forgive, and be inclusive by nature. Developing genuine caring and compassion for Others that don't share my culture,

customs, traditions and norms, without seeking a conversion experience, resulted in a nurturing love that fully accepts Others. Facilitating inclusion and welcoming diversity required transformation of the fruits of the spirit into the living of God's love daily through me. I have chosen to become a catalyst for change, since the fruition of this project.

After the previous Chaplain assigned to the Hemodialysis Unit left for other employment, I took the lead role in providing spiritual and pastoral care to that unit. All of the patients are listed as treatment for severe kidney failure (also called renal failure, stage 5 chronic kidney diseases and end-stage renal disease).

"Death is not the enemy, and yet we treat it as if it is," Jacobs says in her book, *A Clergy Guide to End-of-Life Issues*. It describes a "graceful death" as the importance of patients finding ways to express their feelings about their lives whether they are positive or not, and what life had been for them.⁹⁸ Being with the guests of various faith traditions at the end of life and some without any faith at all, has allowed me to explore and grow, as I have helped guests perform a "life review" that allows them to tell their story because "they are experts on who they are and the lives they have lived."⁹⁹

Previously, I was afraid of death, and although it is a part of life, I was uncomfortable with the notion of death and dying. By taking on the Hemodialysis Unit exclusively and over an extended period of time, I have reconciled myself with forgiveness, grief, prayer, and the ministry of presence for the guests.

⁹⁸ Martha R. Jacobs, *A Clergy Guide to End-of-Life Issues*. (Cleveland, Ohio: Pilgrim Press, 2010), 4-11.

⁹⁹ Ibid., 73-87.

In conclusion, from a Christian perspective, I know that death is not the final answer. I have reconciled myself with death and dying. I have enhanced my leadership abilities, without being over-bearing, and I have demonstrated the ability to be a prophetic agent for transformation.

CHAPTER 11 - Epilogue

“Life’s most persistent and urgent question is, what are you doing for others?”
Reverend Dr. Martin Luther King, Jr.

In this closing chapter, I want to clarify that it is necessary for me to acknowledge and inquire into the world religions, to dispel preconceived notions. Acknowledgment gives them value that equates to equal standing. Haldeman reiterated that “the Body of Christ is multicultural.” The Apostle Paul tells us: “*For there is no distinction, since all have sinned and have fallen short of the glory of God*” (Romans 3:22b-23). We bear the burdens of all, and the Others are welcomed into the center of life. They cannot continue to remain on the perimeter.

A model of Jesus as the resurrected Christ created life out of the suffering and the death of Christ (Romans 8:31). Furthermore, Paul promises that only Christ can “bring charges against God’s elect,” and we are all part of the family.

For me, enhancing awareness required an authentic quest to become aware of the word of God. I accomplished what I set out to do in this demonstration project. Making ourselves available able to God increases requires a willingness to accept God’s unconditional love. The Hebrew word *ruach* is translated as “wind”, “breath” or spirit.” The act of breathing includes sharing God’s ruach. Inviting the Holy Spirit into our lives can be the catalyst that transforms our hearts into a “new and better” love of all of humankind. “Likewise the Spirit helps us in our weakness; for we do not know how to pray as we ought, but that very Spirit intercedes …with sighs too deep for

words” (Romans: 8:26).and “the text says we hear, each of us, in our own language.” Thirsting for, and hungering for Christ, and knowing that “God shows no partiality” (Acts 10:34) welcomes all to the Beloved Community, to partake in the gospel of grace. Extending hospitality and evangelizing the gospels, promotes inclusion and fosters diversity. Haldeman further says, “All members need a place at the table. No authority is entitled to say, “I have no need of you.”¹⁰⁰ Religion and racial reconciliation can be achieved by living into the biblical text of 1 Corinthians 4:16-18;

I appeal to you, then, be imitators of me. For this reason I sent you Timothy, who is my beloved and faithful child in the Lord, to remind you of my ways in Christ Jesus, as I teach them everywhere in every church. But some of you thinking that I am not coming to you have become arrogant.

Thurman, in his book *Disciplines of the Spirit*, proposes that” …the underlying unity of life seems to be established beyond doubt.”¹⁰¹ In reconciliation there is a grounding unity for the larger life of humankind holistically. In essence, we carry each other. We are all welcomed in the Body of Christ and it is an egalitarian communion. The very act of affirming Others and outsiders bring all into the Beloved Community. “The discipline of reconciliation for the religious man cannot be separated from the Discipline of religious experiences.”¹⁰² Speaking of love, Thurman says;

Behold the miracle! Love has no awareness of merit or demerit; it has no scale by which its portion may be weighed or measured. It does not seek to balance giving and receiving. Love loves, this is its nature. This does not mean that it is blind, naïve, or pretentious, but rather that love holds its object securely in its grasp, calling all that it sees by its true name but

¹⁰⁰ Haldeman, *Towards Liturgies That Reconcile* 237-238.

¹⁰¹ Thurman, *Disciplines of the Spirit*, 104-109.

¹⁰² Ibid., 121.

surrounding all with traffic in sentimentality, not catering within to weakness or to strength.¹⁰³

The Apostle Paul, in his letter to Philemon acknowledges his love and faithfulness and asks for congregational reconciliation. Paul asks Philemon to affirm and restore Onesimus, a runaway slave from Philemon who went to Rome, his rightful place in the congregation, and begs Philemon to relinquish any animosity and welcome Onesimus back into his household with brotherly love. Furthermore, Paul informs Philemon that he will incur the debt, and asks for nothing more even though he owes Paul his life, and asks for him to be received in Christ with love. While the Apostle Paul could have commanded it, he makes it clear that he does not want to force this act of hospitality upon Philemon, but he wants love and hospitality to abide in him of his own convictions.¹⁰⁴

There is a reciprocal relationship between giving and receiving, as shown in Luke 11:4 and Mark 18:21-35). American Baptists believe the text “All scripture is inspired by God” (2Timothy 3:16a) Understanding that over an extended period of time the church has recognized these canonized books as manifesting the Spirit of God. Utilizing the scripture from a Bible-based faith tradition is the guidelines for inclusion of Others and Outsiders.

Integration of the three religions, Judaism, Christianity, and Islam from the Abrahamic tradition requires gratitude for traditions that speak to the human condition. Pastor Don Mackenzie, Rabbi Ted Falcon and Sheikh Jamal Rahman enumerated some of the things that they were grateful for, which enabled them to live in to a deeper sharing of their faith. Pastor Don emphasized the power of the resurrection of Jesus as one of the

¹⁰³ Thurman, *Disciplines of the Spirit*, 123.

¹⁰⁴ Joseph A. Fitzmyer, *The Letter to Philemon*, *The Anchor Bible*, vol. 34 (New York: Doubleday, 2000), 25-28.

things for which he was grateful. The Resurrection depicts a picture of life where redemption, forgiveness and reconciliation shape a world of love and not fear. The Resurrection expresses this vital truth of Christianity, that God can make all things new.¹⁰⁵

Rabbi Ted Falcon affirmed that the evolution of Oneness and the exclusive relationship between God and Israel birthed and gave rise to a heightened level of inclusiveness, which he felt was the greatest gift that the Jews gave to the world; one God, one Life, one Being. Being contained in that Life, we are expressions of that life. Striving to live that Oneness in our world exemplifies the sense of divine Oneness in our lives.”¹⁰⁶

Sheikh Jamal Rahman expressed one of things that he was grateful for in Islam. He professed that “the Qur'an was a “good guide for interfaith understanding and harmony.” He purported that God requires mutual respect for all revelations in all religions by all prophets, which is contrary to what most people would expect or believe of Islam.

We believe in God, and in that which has been bestowed from high upon us, and that which has been bestowed upon Abraham and Ishmael and Isaac and Jacob and their descendants, and that which has been vouchsafed to Moses and Jesus, and that which has been vouchsafed to all the other prophets by the Sustainer; We make no distinction between any of them. And it is unto Him that we surrender ourselves. (2:136, trans. Asad)¹⁰⁷

Paraphrasing Rev. Dr. Braxton in his sermon “*Let the Church Be the Church: Enriching the Society*” he referenced the Sermon on the Mount (Matthews: 5-7 and

¹⁰⁵ Mackenzie, *Getting to the Heart of Interfaith*, 86.

¹⁰⁶ Ibid., 90-92.

¹⁰⁷ Ibid., 101.

declared that verses 1-10 is the “conduct” that must be attributed to a model of Christianity, verses 11-12 is the “context” of that Christianity, and verses 13-16 is the “character of and caution” for duties and responsibilities as disciples of Christ. Enriching the society reflects glory to God, and being inclusive, and with humility brings glory to great God. Being proactive and not just resting in the comfort of Christ or the convenience of Christ, rather it engenders unity by inquiring into Otherness, Outsiders, differences, and diversity. By fostering inclusion and embracing diversity, we become models of Christ. We become the peacemakers of the broken, disadvantaged, disenfranchised, and Others that embrace inclusion.¹⁰⁸

The Apostle Paul advocates inclusion in the church. He says, “As it is, there many members, yet one body. The eye cannot say to the hand, ‘I have no need of you’ nor again the head to the feet, ‘I have no need of you’” (I Cor. 12:20-21). We are similar to the World Wide Web, in that we are each interconnected and interwoven in the very fabric of each other’s lives. We are all a part of the Body of Church and we are all welcomed as Christ.

Chaplains must be encouraged to eliminate of redundancy in the message, which prevents people listening to the sermons. Fearlessness of the message enables recognition that you have achieved self-actualization in “what you believe in.” The “ongoing struggle of becoming” and the capacity of dialogue that engages men and women should be experiential and include vulnerability. It should enable the listener to connect and compare to current crisis, and breathe life into the situation.¹⁰⁹ Worship and

¹⁰⁸ Brad Braxton, “Let the church Be the Church: Enriching the Society,” a sermon preached on, at The Riverside Church of New York, 22March 2009. My personal notes.

¹⁰⁹ Henri J. Nouwen, *Creative Ministry* (New York, New York: Image Books, 2003), 31-40.

Mission in the hospital environment are essential in proclaiming the gospel of Christ, and his limitless love. “We have grace upon grace, (John 116) and grow from glory to glory (2 Cor. 3:18).” Sharing with neighbors and strangers helps to welcome all into the Body of Christ.

Koinona, kerygma, and diakonia, fellowship, preaching, and worship, respectively, are the calling of all Chaplains to people in emergency.¹¹⁰ We are servants of Christ (1Cor. 4:1) who are proclaiming a gospel of grace and inclusion. The Body of Christ celebrates the diversity of, and recognizes everyone as an inclusion of persons of different backgrounds, including sexual orientation, economic class, race, religion, culture, ethnicity, gender, age, and physical and mental capacity.

I achieved my goal and implemented my plan within the guidelines set out by Rev. Bailey. I increased awareness of the changing demographics in the Village of Harlem and the need of inclusiveness. The Pastoral Care Department under the auspices of Rev. Gordon Clay Bailey has been open, welcoming and affirming, by expressing interest in an Interfaith Service. I solicited feedback to assess the need, and it was expressed by the guests. I created and delivered the first Interfaith Meditation Service. (See appendices 5-7)

In summation, in McClain’s book, *Claiming All Things for God*, he gives a particular prayer with three components that speaks to the very essence of transformation and doing it God’s way: By claiming “our personal being for God... whether in action or in retreat”,...claiming our meetings as belonging to God and allowing them to discern the

¹¹⁰ Ion Bria, *The Liturgy After the Liturgy: Mission and Witness from an Orthodox Perspective*. (Geneva Switzerland: World Council of Churches Publication, 1996), 25-90.

Spirit of God; and that “in prayer and in social action we claim for God the life of and ... way of God’s redemptive power.”¹¹¹

¹¹¹ George D. McClain, *Claiming All Things for God: Prayer, Discernment, and Ritual for Social Change*. (Nashville, Tennessee: Abingdon Press, 1998), 137.

Appendices

Appendix 1: Population and Racial Composition Harlem and New York City, 1910-2006

	Central Harlem	Greater Harlem	Rest of New York City
1910			
BLACK	9.89%	4.28%	1.73%
WHITE	90.01%	95.64%	98.12%
total population	181,949	593,598	3,191,961.84
1920			
BLACK	32.43%	12.28%	1.46%
WHITE	67.47%	87.60%	98.39%
total population	216,026	652,529	4,767,727
1930			
BLACK	70.18%	34.82%	1.99%
WHITE	29.43%	64.78%	97.80%
total population	209,663.38	580,277.290	6,168,983.97
1940			
BLACK	89.31	48.32	2.65
WHITE	10.48	51.38	97.10
total population	237,467.79	593,845.91	6,677,186.53
1950			
BLACK	98.07	57.52	5.64
WHITE	1.76	41.89	94.03
total population	237,467.79	593,246.28	7,078,649.58
1960			
BLACK	96.71	58.53	10.71
WHITE	2.94	40.55	88.62
total population	163,632.28	467,633.59	6,829,199.34
1970			
BLACK	95.42	63.53	18.48
WHITE	4.28	34.44	79.82

	Central Harlem	Greater Harlem	Rest of New York City
total population	157,178.07	430,0567.1	7,083,454.85
1980			
BLACK	94.17	58.76	22.20
WHITE	0.62	10.29	53.98
total population	108,236	339,490	6,732,149
1990			
BLACK	87.55	52.37	23.93
WHITE	1.50	10.85	44.74
total population	109,091	334,076	6,988,199
2000			
BLACK	77.49	46.03	23.67
WHITE	2.07	10.45	36.11
total population	109,091	354,057	7,654,221
2006			
BLACK	69.27	40.54	23.40
WHITE	6.55	14.80	36.06
total population	118,111	374,854	7,838,224

Numbers do not add up to 100 percent. The remaining Harlem residents are Hispanics, who were not listed separately until 1980, and individuals who identified themselves as members of other racial groups.

Sources: 1910 to 1940, *Census Tract Data from National Historical Geographical Information System*, Compiled by Andrew A. Beveridge and Co-workers; 1950, Ellen M. Bogue File, as edited by Andrew A. Beveridge and co-workers; 1960 through 2000, Tabulated Census Data from National Historical Geographic Information System; 2006 Data from American Community Survey, U.S. Bureau of the Census. Boundary Files from National Historical Geographic Information System 1910 to 2000, U.S. Bureau of the Census, 2006. All data and boundary files available from Minnesota Population Center. Since results are tabulated from the sources indicated, they may not necessarily match Census published figures for population and race.¹¹²

¹¹²“ Draft environmental impact statement for the Harlem Hospital Center Modernization Project, Borough of Manhattan, New York County, New York.” Prepared on behalf of the New York City Health and Hospitals Corporation and Harlem Hospital Center by The Louis Berger Group, Ltd. (New York: Dormitory Authority, State of New York, 2005), 7-3.

Appendix 2: Places of Worship

Harlem Places of Worship

a) A Few Churches South of 125th Street

Harlem has consistently had a plethora of churches of a huge number of denominations. Furthermore the churched were of various denominations and affiliations, which I will endeavor to, name only a few.

- i) **Southern Baptist Church** is located at 12-16 West 108th Street, New York City, NY 10025, was organized in 1922. Reverend Macon Osborne was the leader and was there for eighteen years. He was followed by Dr. Cosby Bernard (C.B.) Wilson and under his leadership; he started several organizations in the church. He organized The Nurses Unit (1947) The Alabama Circle (1951); The Georgia Club (1960); The South Carolina Club (1963); and The North Carolina Club (1964) to name a few. It was normative at that time in Northern Baptist churches to have clubs that were relational to the migration of African-Americans so they could maintain a fellowship and kinship to their southern roots. It is part of the Baptist denomination.¹¹³
- ii) **New York United Sabbath Day Adventist Church**, is located at 145-51 West 100th Street, New York City, NY 10026, and was established in 1919. It has an enduring history for 90 years and supported by a “nearly all-Black congregation.” It is part of the Sabbath and Seventh Day Adventist denomination.¹¹⁴

¹¹³ Hickman, *Harlem Churches*, 84-85.

¹¹⁴ Ibid., 85-86.

iii) **Malcolm Shabazz Masjid** is located at 102 West 116th Street, New York City, NY 10026. Elijah Poole, the son of an ex-slave Baptist preacher from Georgia, after becoming a disciple of Wallace Fard, who founded the denomination of Islam, became The Honorable Elijah Mohammed. He established the First Temple of Islam in July 1930 in Detroit, Michigan. His followers became known as the Nation of Islam.¹¹⁵

iv) **Canaan Baptist Church**, is located at 132 West 166th Street, New York City, NY 10026, and was founded in 1926. In its longevity of 83 years, it has a church history of activism under the direction of Reverend Wyatt Tee Walker. Reverend Walker was a “supply preacher” at Canaan before his tenure and a “supply preacher” at Abyssinian Baptist Church. It is part of the Baptist denomination.¹¹⁶

v)) **All Souls Episcopal Church** is located at 88 St. Nicholas Avenue. New York City, NY 10026. It was established in 1859 as a mission. “All Saints did not become church welcoming blacks until the 1930’s.” The demographics of the neighborhood changed the church participants, and in July 1932, a card was given to the congregation that read:

Beginning, Sunday. September 11th, 1932, privileges will be extended to our colored brethren of the neighborhood and St. Monica’s Mission to worship in this church as members of St. Monica’s Mission as follows: 8 a.m. communion service, 1st Sundays; 2p.m. Sunday School, One hour service every Sunday.

This is a temporary arrangement By Order of the vestry.

It is part of the Episcopal denomination.¹¹⁷

¹¹⁵ Hickman, 88-90.

¹¹⁶ Ibid., 96-98.

¹¹⁷ Ibid., 84-85.

b) A Few Churches from 125th to 135th Street.

- i) **United Moravian Church** is located at 200 East 127th Street, New York City, NY 10035. The Moravian Church dates back to 1437, and “claims to be the oldest Protestant denomination in the world.” They came to America in 1731 and have their headquarters in Bethlehem, Pennsylvania. Small is number, and with a strict faith, they concentrate on quality of life rather than quantity of members.¹¹⁸
- ii) **Transfiguration Lutheran Church**, located at 74 west 126th Street, New York City, NY 10027, had an early history as a “Mecca for Negroes.” It began in the U.S. St, Croix in 1917, with founding pastor Reverend Paul Edwards. Arriving in New York in 1920, it began services in the YWCA. It is a member of the Lutheran Church in America.¹¹⁹
- iii) **Williams Institutional Christian Methodist Episcopal Church**, located at 2225 Adam Clayton Powell, Jr. Boulevard, New York City, NY 10027. The church occupies the location of the Lafayette Theatre and the “Rhythm Club.” The theater reached its fame with the production of “Voodoo Mac Beth,” a rendition of Shakespeare’s MacBeth directed by Orson Welles. It was the first desegregated theatre in 1912 featuring Paul Robeson. The

¹¹⁸ Hickman, 85-86.

¹¹⁹ Ibid., 152-155.

Williams Institutional CME was part of the Colored Methodist Church before the denomination was renamed the Christian Methodist Episcopal Church".¹²⁰

iv) **St. Thomas Memorial Wesleyan Church** is located at 270 West 126th Street, New York City, NY 10027. It was

founded in 1946 by a “group of members during a dispute at Beulah Wesleyan Methodist Church.” They

worshipped at several locations prior to purchasing this location. It is a part of the Wesleyan denomination.¹²¹

v) **Young Men’s Christian Association, (Y.M.C.A.)** is located at 180 West 135th Street, New York City, NY 10035.

“...in 1901 it was founded to provide and additional social and recreational outlet for young Black Men.” Long

before uptown became the Mecca for blacks were almost consigned to the Tenderloin and San Juan Hill Section, in

the ‘20’s to the ‘60’s.

Fifty-third street was the center of activity and intellectual and religious life. In that center were relocated the historic churches of St. Mark’s (United Methodist Church), Mt. Olivet (Baptist Church), Abyssinian (Baptist Church), St. Phillips (Episcopal Church), and Mother African-American Methodist Episcopalian Zion (AMEZ) with St. James (Presbyterian Church) not far way.¹²²

¹²⁰ Hickman, 177-178.

¹²¹ Ibid., 116.

¹²² Ibid., 202-204.

The YMCA is a national historic landmark and its basement was used as a place for noted African American artists and Harlem residents such as Paul Robeson and Harry Belafonte.¹²³

c) A Few Churches North of 135th Street

- i) **Twelfth Church of Christ Scientist** is located at 2315 Adam Clayton Powell Jr Boulevard, New York City, NY 10030. “The Christian Science Church is the only worldwide church organized by a woman, Mary Baker Eddy.” She published “*Science and Health with Key to Scripture*”, which along with the **Bible** are the textbooks of Christian Science”, and it is a belief system that affirms humanity and science as a whole.¹²⁴
- ii) **Mother African American Methodist Episcopal Zion** is located at 140-6 137th Street, New York City, NY 10030. It “is the first and oldest church of its denomination.” It was “located at 44 John Street” and there were African-American members at the beginning. A slave named Peter Williams, Sr. was sold to the church, as his Master was moving away, and he eventually purchased his freedom. “Between …1765 and 1769…a policy of segregation was adopted and soon black members were forbidden to take Sacrament until all of the white families were served” which caused a split. The splinter group in 1796 organized the first African-American Methodist

¹²³ Ibid., 202-204.

¹²⁴ Ibid., 206-207.

Episcopal Church and called it Zion. Meetings were held in Peter Williams shop on Mulberry Street, and Sojourner Truth joined the church while at that location.¹²⁵

- iii) **Rendall Memorial Presbyterian Church** is located at 59 West 137th Street, New York City, NY 10037. “It was established in Harlem in 1917 as a mission.” It moved from 51st Street several times, and even met in “the real estate office of one of mission members, J. Q. Moses, on Lenox Avenue.”¹²⁶
- iv) **Salvation Army Harlem Temple Corps Community Center** is located at 540 Malcolm X Boulevard, New York City, NY 10037. It has had an active ministry in Harlem since 1919, with “religious and social welfare services, hospital and home visitation, and summer and day camp programs.” It has two locations in Harlem with a Brigadier “in charge of the army’s Harlem Temple Corps.”¹²⁷
- v) **Abyssinian Baptist Church** is located at 132 Odell Place, formerly 138th Street, New York, NY 10030. It traces its roots to 1808, when visiting free Ethiopian merchant seamen and African-Americans left the First Baptist Church in the City of New York in protest of restriction to racially segregated seating. They named their new congregation the Abyssinian Church after the historic name of Ethiopia. The church is renowned for “the Reverends Adam Clayton Powell Senior and Junior.” It celebrated 200 years in 2008, and was “the first Back Baptist church organized in the

¹²⁵ Hickman, 207-212.

¹²⁶ Ibid., 217-218.

¹²⁷ Ibid., 222-223.

State of New York. Founded in 1808 on Anthony Street (now Worth Street), it eventually moved to the tenderloin section a 322 West 40th Street, and the Reverend A.C. Powell Sr. arrived in 1908, 100 years after being founded. In 1954, former Ethiopian Emperor, Haile Selassie I, presented Abyssinian Baptist Church's pastor, Rev. Adam Clayton Powell, Jr., with the Ethiopian Coptic Cross. In recent years, the church took a pilgrimage journey to Ethiopia. In 1966, Reverend Walker became the Spiritual Assistant to the Governor of New York State, Nelson Rockefeller, heading the Office of Urban Affairs.¹²⁸

¹²⁸ Hickman, 223-232.

Appendix 3: School of Nursing

Harlem Hospital School of Nursing

“I solemnly pledge myself before God and in the presence of this assembly, [...] and to practice my profession faithfully.. I will do all in my power to maintain and elevate the standard of my profession, [...] and devote myself to the welfare of those committed to my care.” – The Nightingale Pledge

Arranged by the city, in 1908, Harlem Hospital was used as one of the affiliation hospitals at which nurses who had completed their courses and were qualified nurses, could take additional subjects that were required for examination and licensure. The first class program's duration was 2 ½ years. The same day Bellevue Hospital was celebrating Bellevue Hospital Training School for Nurses Fiftieth Anniversary the day that they graduated.¹²⁹

New York had followed North Carolina in 1903 in requiring an examination and registration procedure for nurses who successfully completed the test to use the title, “Registered Nurse”.¹³⁰

Mr. William Vassal of Brooklyn, New York, acting on behalf of his daughter, Lurline, a high school student, with aspirations of becoming a nurse, contacted Dr. O'Hanlon, Superintendent of Bellevue Hospital, asking for class participation or his daughter. O'Hanlon responded, “It was impossible to admit a colored girl...the white girls will never accept her.”

¹²⁹ *Fiftieth Anniversary of Bellevue Training School for Nurses 1873-1923* (unsigned, unpage, private publication)

¹³⁰ Ibid.

Persistent, Vassal offered an alternative approach, which was to have a class of colored nurses at Harlem Hospital instead.

Deemed reasonable, it led to the Harlem Hospital Nursing School.¹³¹

The Harlem Hospital School of Nursing was founded in 1923, resulting from the lack of nursing schools that would accept women of color. Up to that time, Lincoln Hospital School of Nursing in the Bronx was the only school that accepted women of color. The Harlem Hospital School of nursing started with a small number and swelled to 17 students by year's end, and they all successfully graduated and became certified nurses.¹³² Harlem Hospital in 1942 was designated an independent training school. At that time, the Harlem Board of Managers was directly responsible to Bellevue Board of Managers. Founded on segregationist principles, after World War II, black nurses became an asset. "Their abilities to endure and often be the first nurse of color in openly hostile environments prepared paths for others to follow. Those black nurses who successfully enter the professional mainstream should do so with an awareness of the influence the past on ...practice as professionals."¹³³

Dr. Muriel Petioni, who under the tutelage of Dr. Wright completed her internship at Harlem Hospital (1937-1939), remembers;

¹³¹ Bennett, M. Alisan. *A History of the Harlem Hospital School of Nursing: Its Emergence and Development in a Changing Urban Community*, 1923-1973. [Approved by the committee on the Degree of Doctor of Education, January 23, 1984. Teacher's College, Columbia University, 1984] It chronicles the segregationist history and the fight for segregation and inclusion by Negro nurses, and their fight against loathsome nursing care practices by the white medical staff that patients endured, and the unclean conditions, smells, and second hand furniture given to the Negro nurses during that period.

¹³² Bailey, *The Harlem Hospital Story*, 93-100.

¹³³ Bennett, *Harlem Hospital School of Nursing*, 234.

At that time the only hospitals in America that accepted black physicians were Freeman's Hospital in Washington, DC. Homer G. Phillips Hospital in St. Louis, Hubbard Hospital in Nashville, Dillard Hospital in New Orleans, Provident Hospital in Baltimore, and many smaller institutions. There, if Harlem Hospital opened its doors to the black Physicians it would create more opportunities for teaching of black physicians in specialized areas.¹³⁴

¹³⁴ Singletary, *Historical and Nostalgic Look at Harlem Hospital*, 13.

Appendix 4: Service Brochures

Les Offices Religieux

3ème étage Chapelle :

Lundi	Office Non-confessionnel
12 Midi	Mardi
12 Midi	Office Anglican/Episcopal
12 Midi	Mercredis
12 Midi	Office Interconfessionnel
12 Midi	Jeudis
12 Midi	Messe Catholique Romain
12 Midi	Vendredis
12 Midi	Étude Biblique
1 p.m. (MLK 6106)	Prière Islamique
1 p.m.	Samedis
9:45 a.m.	Office Interreligieux
12 Midi	Dimanches
	Office Protestant
	Messe Catholique Romain

Aumôniers :

- Le Révérend Gordon C. Bailey (personnel)
Aumônier Protestant, 212-939-2716
- Le Révérend Claude Mann (bénévole)
Aumônier Protestant, 212-939-1493
- L'Imam Luqman Abdush-Shahid (personnel)
Aumônier Musulman, 212-939-2715
- Père Okpalauwaekwe Emmanuel (personnel)
Aumônier Catholique Romain, 212-939-2718
- Soeur Anastasia Iduma (personnel)
Aumônier Catholique Romain, 212-939-2717
- Aumôniers Stagiaires
212-939-1493

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Generations+Northern Manhattan Network

Harlem Hospital Center

Service de Soin Pastoral et Éducation Clinique Pastorale

Le Révérend Gordon C. Bailey
Directeur Adjoint

Bureau: 3ème étage
Salle 3203 (bâtiment MLK)
212-939-2716

Wanda Santaella
Le Directeur General Adjoint
Du Réseau de la Gestion des Cas

John M. Palmer, Ph.D.
Le Directeur General



Religious Services

3rd Floor Chapel:

	Sundays
9:45 a.m.	Protestant Service
12 Noon	Roman Catholic Mass
	Mondays
12 Noon	Nondenominational Service
	Tuesdays
12 Noon	Anglican/Episcopal Service
	Wednesdays
12 Noon	Interdenominational Service
	Thursdays
12 Noon	Roman Catholic Mass
	Fridays
12 Noon	Bible Study
1 p.m. (MLK 6106)	Islamic Prayers
	Saturdays
1 p.m.	Interfaith Service

Chaplains

The Reverend Gordon C. Bailey (Staff)
Protestant Chaplain, 212-939-2716

The Reverend Claude Mann (Volunteer)
Protestant Chaplain, 212-939-1493

Imam Luqman Abdush-Shahid (Staff)
Muslim Chaplain, 212-939-2715

Fr. Emmanuel Okpalauwaekwe (Staff)
Roman Catholic Chaplain, 212-939-2718

Sister Anastasia Iduma (Staff)
Roman Catholic Chaplain, 212-939-2717

Chaplain Interns
212-939-1493



Generations+Northern Manhattan Network

Harlem Hospital Center

Department of
Pastoral Care
and
Clinical Pastoral
Education

The Reverend Gordon C. Bailey
Associate Director

Office: Room 3203 (MLK Building)
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Wanda Santaella
Associate Executive Director
Network Case Management

John M. Palmer, Ph.D.
Executive Director

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Servicios Religiosos

Capilla en el 3r Piso:

	Lunes
12 Mediodía	Servicio No Sectario
	Martes
12 Mediodía	Servicio Anglicano/Episcopal
	Miércoles
12 Mediodía	Servicio Inter-Sectario
	Jueves
12 Mediodía	Misa Católica Romana
	Viernes
12 del Mediodía 1 p.m. (MLKP 6-6106)	Estudio Bíblico Rezos Islámico
	Sábados
1 p.m.	Servicio Inter-Religioso
	Domingos
9:45 a.m. 12 Mediodía	Servicio Protestante Misa Católica Romana

Capellanes

- Reverendo Gordon C. Bailey (Empleado)
Capellán Protestante, 212-939-2716
- Reverendo Claude Mann (Voluntario)
Capellán Protestante, 212-939-1493
- Imam Luqman Abdush-Shahid (Empleado)
Capellán Musulmán, 212-939-2715
- Padre Okpalauwaekwe Emmanuel
Capellán Católico Romano, 212-939-2718
- Sor Anastasia Iduma
Capellán Católico Romano, 212-939-2717
- Aprendices de Capellán
212-939-1493



*Generations+Northern Manhattan
Network*

Harlem Hospital Center

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Cuidado Pastoral
y
Educación Pastoral
Clínica

Reverendo Gordon C. Bailey
Director Asociado

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Wanda Santaella
Directora Ejecutiva Asociada,
Gerencia de Casos de la Red

John M. Palmer, Ph.D.
Director Ejecutivo

Appendix 5: Sermon

Courage to Forgive and Strength to Love

I bring you greeting in the name of our Eternal Creator. Often when I am in church, if a sermon inspires me, I will take notes and transcribe them for future reference. Today, I want to make reference to one such sermon preached by Rev. Dr. Arnold Thomas at The Riverside Church of New York, entitled, “*Forgives Us Our Trespasses*”.

Rev. Dr. Arnold Thomas in his sermon, *Forgive Us Our Trespasses*, emphasized that the 23rd Psalms is not just a lesson in prayer but a lesson in living. He focused on the ways that we offend others in terms of our trespasses. The activity, act, word, deed, or behavior that never finds an expression of forgiveness, festers when unhealthy emotions cease to create a cathartic dialogue for reconciliation. Rev. Thomas submitted that taking advantage of time to ask for forgiveness of others is essential. Without reconciliation of others our words are worthless and bringing offerings to church is futile. He asks the question of the trespasses committed by the colonization of America, and the lack of apology for the slaughter of millions of Native Americans, or for the lies told that propelled us into the Iraqi war in search of Weapon of Mass Destruction.¹³⁵

However, we all have scars that are covered by scabs that can erupt when pushed, prodded, or bruised. The pain within, must be allowed to heal. Reconciliation and forgiveness are crucial to becoming involved in interfaith dialogue and interfaith affairs. In Christianity there is a promise of forgiveness. I will use only two Bible scriptures in this sermon. In Acts 10:43, it reads, “*All the prophets testify that about him that*

¹³⁵ Arnold Thomas, “Forgive Us Our Trespasses,” a sermon preached by Rev. Dr. Arnold Thomas, at The Riverside Church of New York 23August 2009,. Thomas submits that where there is no forgiveness, there is no reconciliation. I would ask, do we really pray for our enemies and those that spitefully use us, or can it be done. Hopefully, it can be done by a sharing of feelings, with open and honest communication, caring conversations with the presence of God, and seeking the heart of God. My personal notes.

everyone who believes in him receives forgiveness of sins through his name.” While we are promised forgiveness, many Christians are unable to forgive others, and their fellow Christians. However, there is no love if there is no forgiveness. Forgiveness is something that doesn’t come easy for many people. It is easier to hold grudges and seek revenge for actual and perceived injustices. However, when there is no forgiveness, there is no reconciliation. If there is no reconciliation, there is no love.

Suffering and injustice has been poured out upon many people by others and when there is open dialogue and honest communication, there is separation. Sometimes, the separation becomes so vast that it can destroy friends and families. Looking at family from a universal posture, we are all interconnected. When family is separated one from another, there is a void that must be bridged. Bridging the gap between families, cultures and ethnicities, keep us all connected. Separate but equal, is never equal. It takes courage to be the catalyst that fosters forgiveness and engenders reconciliation.

I will use two Bible verses in this sermon that is the core of hospitality and love. It is a moral imperative that was given, and in a Judeo-Christian understanding.

The second comes from the New Testament of the Bible in Luke 10:27. “*You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and will all your mind; and your neighbor as yourself.*” I will concentrate on the notion of Christian’s loving their neighbor as ourselves, and then answering the question, who is my neighbor? We are interrelated as a universal family that keeps us linked in relationship in every aspect of our daily lives. Loving others is difficult. Loving my Creator takes all of my strength, and loving you all as myself is of comparable standing. Love does not keep records of wrong, it just seeks to love. Love is

not selfish, it just loves. Love is not prideful or arrogant, it just loves. Today, I ask the Sustainer of all live to enable me, and all present to have the strength to love or neighbors as ourselves. Amen.

Appendix 6: Meditation Service

INTERFAITH MEMORIAL MEDITATION SERVICE HARLEM HOSPITAL CENTER

"Lead me from death to life, from falsehood to truth.
Lead me from despair to hope, from fear to trust.
Lead me from hate to love, from war to peace.
Let peace fill our hearts, our works, our universe."
Project Ploughshares

John M. Palmer, Ph.D.
Executive Director

Stephen N. Lawrence, Ph.D.
Deputy Executive Director

Wanda Santaella
Associate Executive Director

12:00pm – 1:00pm

Harlem Hospital Center
506 Lenox Avenue
New York, NY 10037

Gordon C. Bailey
Associate Director, Pastoral Care

“The Lord Bless and Keep You”

The Lord blesses you and keeps you
The Lord lift His countenance upon you,
And give you peace, and give you peace.

The Lord make his face to shine upon you,
And be gracious, and be gracious;
The Lord be gracious, gracious unto you.

“Our World is One World”

Our World is one world: what touches one affects us all; the seas that wash us round about, the clouds that covers, the rains that fall.

Our world is one world: the thoughts we think affect us all; the way we build our attitudes, with love or hate, we make a bridge or wall.

Our world is one world: its ways of wealth affects us all; the way we spend, the way we share, who are the rich or poor, who stand or fall?

Our world is one world: just like a ship that bears us all; where fear and greed make many holes, but where our hearts can hear a different call.

Order of Worship

Choral Call to Worship: "Our World is One World"

Responsive Reading

Prayers: Buddhist, Catholic, Islamic, Jewish, Protestant

Greetings and Invocation

Hymn of Comfort & Hope: "Far Too Long, by Fear Divided"

Homily

Benedictions: Protestant, Jewish, Islamic, Catholic, Buddhist

Choral Response to Worship – "Love makes a Bridge"

Love makes a bridge from heart to heart, and hand to hand. Love finds a way when laws are blind, and freedom banned.

Love breaks the walls of language, gender, class and age. Love Gives us wings to slip the bar of every cage.

Love lifts the hopes that force and fear have beaten down. Love Breaks the chains and gives us strength to stand on ground.

RESPONSIVE READING

Buddhist

People: The whole purpose of religion is to facilitate love, compassion, patience, tolerance, humility and forgiveness.

Catholic

People: Into Thy Hands, O Lord, do we entrust ourselves and our dearly departed. Keep each one and us in your care.

Islamic

People: God is Most Great. We testify that there is no God except God. God is Most Great and worth of worship.

Jewish

People: Blessed are You, Lord, our God. May Your Peace Rest upon us and comfort us in our times of pain and sorrow.

Protestant

People: Speak to our hearts and Grant us to experience Your Presence and Power as we gather today in sacred worship.

Leaders: May we honor our unity in diversity by faithfully sharing each other's profound sorrows. Grant us understanding hearts and brotherly love.

All: May we experience divine unity within a diverse community. May our traditions be a reflection of Your Rich Blessings to sustain us as we worship together.

“Far Too Long, By Fear Divided”

Far too long, by fear divided, we have settled
With the sword, quarrels which should be decided
By the reconciling word.

Now the nations are united, though as yet in
Name alone, and the distant goal is sighted
Which the prophet souls have shown.

May, at last, we cease from warring, barriers of
Hate remove, and earth's riches freely sharing,
Found the dynasty of love.

Appendix 7: Ecumenical & Interfaith Guidelines

Guidelines for Ecumenical & Interfaith - Prayer Service Harlem Hospital Center's Pastoral Care Department

The Purpose of These Guidelines

The goal of these guidelines is to assist those who are planning ecumenical and interfaith prayer services to do so in ways, which will enable all those present to feel included and to participate wholeheartedly ... to seek the best level of inspiration, the highest common denominator, without compromise of conscience. An ecumenical and interfaith prayer service is defined as liturgy which includes clergy and/or laity of different faiths as full and equal participants. A denominational liturgy to which members of other faiths are invited is not considered an interfaith prayer service in these guidelines.

A concern for inclusive language will serve the planners well. It is important to draw on the universal and unifying aspects of our various traditions and to use prayers, readings, litanies, hymns, and other elements of a service that lift up the commitment to peace and justice in the world, and to any event or person which may be commemorated in the service.

Scripture and Prayer

The reading of sacred Scripture from each tradition involved in the service is most appropriate. As with hymns and each other part of the service, they should be selected with their inclusive nature in mind. Prayer is helpful when all feel included and can say "Amen." Some appropriate ways of addressing God are: "Creator", "Source of All Life", "Our God and Sustainer", "Eternal Creator and "Source of Our

Being". Some appropriate closing addresses include: "In Thy name we pray", "In the Name of God", or simply, "Amen".

The Setting

Ecumenical and Interfaith events set in the chapel or other space in the hospital wide campus should acknowledge the physical integrity of a house of worship.

Consideration should be given to the temporary removal of symbols or objects that might cause others distress and which can be easily removed. Similarly, the addition of banners, symbols or expressions of welcome that may make guests feel more at home should be explored.

Appendix 8: Action Plan Implementation Results

Week 1

Location:

Harlem Hospital Center, 506 Lenox Avenue

MLK Bldg, New York City, NY 10035

Interview done by: J Gayle Gaymon

I met with the Pastoral Care staff, the Chaplain Interns and the Volunteer Chaplain staff to assess the need for an Interfaith Worship Service. Tentatively, I named it a worship service because for lack of a proper name for the service. I am willing to change the name to suit the project and the needs of Harlem Hospital Center, at the end of the process. There is a concern that there are more than enough Catholic and Protestant worship services that are available for the changing demographics in the Harlem Hospital community. It is my intention to ensure that the guests who are in the hospital are provided appropriate religious services or the option thereof, which pertains to their faith traditions while they are in critical or emergency situations.

Strategies:

We accomplished this goal (1) by allowing the Associate Director of Pastoral Care, Rev. Gordon Bailey to make a determination based on his requests from the staff; (2) the fact that there are many diverse ethnic groups working in the hospital; (3) the fact that there are mandatory classes given to ensure that cultural and religious differences are respected in the work place.

Week 2

Location:

Harlem Hospital Center, 506 Lenox Avenue,

MLK Bldg, New York City, NY 10035

Meeting directed by: J. Gayle Gaymon

I met with the Associate Director, Pastor Care Gordon C. Bailey, and it was determined that he would be the final authority for approval of the project. And, if he wasn't available, I was directed to Emmanuel Okpalauauwaekwe, Staff Chaplain of Pastoral Care (Priest), and in the absence of both, I was to go to Imam Luqman Abdush Shahid (Chaplain Pastoral Care). That is the pecking order and the final authority given to me from the Department of Pastoral Care.

In addition to the staff, I determined that I would solicit feedback from Chaplain Interns, Chaplain Volunteers and Clinical Pastoral Education (CPE) Students because there is a wealth of information to review before making a final determination.

Strategies:

I will meet with the three aforementioned staff members and ascertain their opinions and assess the need for changes as I go along with the project. It will be easier than waiting until completion of the project and then solicit feedback. The criteria for selecting the team members will be based on their ability to make final decisions and the authority to implement the process.

Week 3

Location:

James J. Peters Veterans Hospital

130 W. Kingsbridge Road

Bronx, New York 10468

Visit and Interview By: J Gayle Gaymon

I visited the Veterans Administration Hospital and asked to speak to the Director of Pastoral Care and was informed that he was not available. I was informed that the position of Chief of Pastoral Care was vacant and I was referred to a Staff Chaplain. I was told that I could speak to the Acting Chief for Voluntary and Chaplain Programs, Freida Eckhardt. I informed her that I was a Doctor of Ministry candidate and a veteran, and I wanted to obtain some information. I explained that I was in the process of implementing an Interfaith or Multi-Faith Worship Service at Harlem Hospital Center. I was made aware that there *are* Jewish, Orthodox, Protestant, Catholic and Muslim services that are provided at the James J. Peter Veterans Hospital. Being an Honorably Discharged Veteran, I know that the patients are diverse and that there are several services that are unique to the Veterans Administration Hospital such as closed *Directed Meditation* for veterans with Post Traumatic Stress Disorders (PTSD) and *Remembering Fallen Warriors* services. To that end, I asked the following questions.

1. Do you have Interfaith or Multi-faith Worship Services?
2. In light of my project, do you recommend an Interfaith or Multi-faith Worship Services for the veterans?

3. Do you think that it is necessary and would you recommend it for Harlem Hospital Center since the demographics of the hospital have drastically changed in the last decade?
4. If you recommend an Interfaith or a Multi-Faith Worship Service, what would be the frequency rate that you recommend?

Chaplain Eckhardt said that Interfaith or Multi-faith services are held on special occasions such as the September 11, 2001 attack, and on such occasions when there are national upheavals that affect all faith traditions. She did not offer a frequency rate and she said that it was important to include the faith traditions of others, because it provides a sense of inclusion. She mentioned that all services are held in the Interfaith Chapel, and they have incorporated the traditions of Native American in services. I was not able to attend an interfaith worship service during my visit and during the months since the visit as none took place.

Week 4

Location:

Lawrence Hospital Center

55 Palmer Road

Bronxville, New York 10708

Visit and Interview By: J Gayle Gaymon

I visited the Lawrenceville Hospital on two occasions and attempted to speak to the Director of Pastoral Care, but to no avail. I left a message for them to call me so I would be able to arrange an interview. After several missed calls, I was able to interview Rev. Simmons (Sim) Gordon, Director of Pastoral Care. I informed him that I was a Doctor of Ministry candidate and that I wanted to obtain some information. I explained that I was in the process of implementing an Interfaith Worship or Multi-faith Worship Service at Harlem Hospital Center. To that end, I asked the following questions;

1. Do you have Interfaith or Multi-faith Worship Services?
2. In light of my project, do you recommend an Interfaith or a Multi-faith Worship Service for the veterans?
3. Do you think that it is necessary and would you recommend it for Harlem Hospital Center since the demographics of the hospital have drastically changed in the last decade?
4. If you recommend an Interfaith or a Multi-Faith Worship Service, what would be the frequency rate that you recommend?

I was informed that there were no regular interfaith worship services at the hospital and that there were interfaith services that were conducted for specific occasions. Chaplain Gardner said that the multi-faith services are conducted several times a year, but infrequently. It appears that Lawrenceville Hospital is similar to the aforementioned hospitals. He said the current Catholic, Jewish, Muslim and Protestant services serve the demographics in the general area of the hospital and the local colleges of Sarah Lawrence and Concordia College.

Week 5

Location:

North General Hospital

1879 Madison Avenue

New York City, New York 10035

I made an appointment to see the Associate Director of Pastoral Care, Rev. Alejandro. I introduced myself that I was a Doctor of Ministry candidate and that I wanted to obtain some information and review a paradigm of multi-faith service. I explained that I was in the process of implementing an Interfaith Worship or a Multi-faith Worship Service at Harlem Hospital Center. To that end, I asked the following questions.

Rev. Alejandro: Go ahead and here is some paper that you can use to take notes.

J. Gayle Gaymon: Do you have an interfaith or a multi-faith worship service at North General Hospital?

Rev. Alejandro: No, we don't have a multi-faith service on a regular basis. We do have interfaith services during national crises such as the September 11, 2001, attack and the crash of Flight 587, which was en route to the Dominican Republic a month later.

J. Gayle Gaymon: Do you recommend a multi-faith worship service for Harlem Hospital Center?

Rev. Alejandro: I'm not sure what the dynamics are at Harlem Hospital to answer this question. However, multi-faith services are effective when something impacts the community regardless of religious affiliations. In terms of Christian services, if you are holding a Roman Catholic Mass, Catholics at the hospital can gather regardless of which parish they may worship at on the outside. This is not the case with Protestants. Persons leading Christian services in a hospital have to pay special attention to the various real distinctions within the Christian community. Paying attention to this will enable persons who worship differently to find common ground within the context of the worship at the Hospital. We have in our hospitals the full range of Christian experience—from those who are evangelical to those who are more liberal in their interpretation of the Bible.

J. Gayle Gaymon: Do you recommend an interfaith prayer and meditation service?

Rev. Alejandro: We have had interfaith meditation services that were very successful. Interfaith prayer services and meditation services can be unapologetically inclusive, cross-cultural and deeply interfaith.

1. What should be the frequency rate of an interfaith prayer and meditation service?
2. Again this has to be based on the context and should be part of a larger vision of building interfaith, multicultural community.

J. Gayle Gaymon: Thank you for taking time to see me and answering my questions. I will send my written response to you via email for your approval. You can edit as you find it appropriate to make sure that I captured the essence of your responses and intent.

Rev. Alejandro: Thank you. [He escorted me to the outer office door. I departed.]

Week 6

Location:

St. John's Riverside Hospital

976 N. Broadway

Yonkers, New York 10701

Visit and Interview conducted by: J. Gayle Gaymon

I visited the St. John's Riverside Hospital and spoke to Rev. Dr. Sarah L. Fogg, Director of Pastoral Care. I informed her that I was a Doctor of Ministry candidate and that I wanted to obtain some information and review a paradigm of multi-faith service. I explained that I was in the process of implementing an Interfaith Worship or Multi-faith Worship Service at Harlem Hospital Center. To that end, I asked following questions;

1. Do you have Interfaith or Multi-faith worship services?
2. In light of my project, do you recommend an Interfaith or Multi-faith Worship Service for the veterans?
2. Do you think that it is necessary and would you recommend it for Harlem Hospital Center since the demographics of the hospital have drastically changed in the last decade?
3. If you recommend an Interfaith or a Multi-Faith Worship Service, what would be the frequency rate that you recommend?

Rev. Dr. Fogg said that St. John's Riverside Hospital does not have an interfaith or a multi-faith service on a regular basis. Rev. Dr. Fogg said that the mere fact that it is called a "worship service" could pose a problem to some people. It was her recommendation that it should be called a prayer service or "meditation service." She said that she conducted interfaith/multi-faith services on specific events, but not on a regular basis. She said that the previous services are broadcast on occasion to the "guests" on the bedside television or on the hospital stations.

Rev. Dr. Fogg said that in the past she did have Interfaith Prayer Services, but they were not well attended, and so she has them several times a year to coincide with specific events. Furthermore, she said that the problem that exists is that one denomination or faith group generally wants to convert or control the service. She did not recommend an interfaith or multi-faith service, but said that it is important to include them when there are specific occasions and events that transcend religious affiliations. In conclusion, Rev. Dr. Fogg was insistent that the words "worship service" not be included in the language.

Week 7

Location:

Veterans Administration Medical Center

423 East 23rd Street

New York City, NY 10010

Interview conducted by: Imam Luqman Abdush-Shahid

Chapman Luqman Abdush-Shahid conducted the interview with Chaplain Faye in absence of the Director, of Pastoral Care. He informed her that the Harlem Hospital Center was in the process of implementing an Interfaith or Multi-faith Service. He stated that one of the Chaplain Interns, referring to me, was a Doctor of Ministry candidate. Imam Luqman said that I wanted to obtain some information and review a paradigm of a multi-faith service. He explained that I was a Chaplain Intern in the process of implementing an Interfaith Worship or a Multi-faith Worship Service at Harlem Hospital Center. To that end, he asked the following questions;

1. Do you have Interfaith or Multi-faith Worship Services?
2. In light of my project, do you recommend an Interfaith or Multi-faith worship services for the veterans?
3. Do you think that it is necessary and would you recommend it for Harlem Hospital Center since the demographics of the hospital has drastically changed in the last decade?
4. If you recommend an Interfaith or a Multi-Faith Worship Service, what would be the frequency rate that you recommend?

Chaplain Faye said that they did not have a regular interfaith worship service. She said that the guests at that hospital were diverse and there were Jewish, Catholic, Protestant and Muslim Chaplains that conduct worship services that are representative of the patients. However, she said that there are periodic interfaith or multi-faith services that are held when there is a national event, or an event that is inclusive of many faith traditions. She said that in those services all are welcome, and most of the major faith traditions are represented. Chaplain Faye said that the problem that exists is there are faith traditions that tend to want to take control of the service, and tilt towards their tradition to the exclusion of others. Therefore, there is a need for a great sense of fairness and commitment to inclusion.

Week 8

Location:

Metropolitan Hospital Center

1901 First Avenue

New York, NY 10029

Interview conducted by: Imam Luqman Abdush Shahid

Chaplain Luqman Abdush-Shahid conducted the interview with Rev. Lillian Miles the Director of Pastoral Care. He informed her that the Harlem Hospital was in the process of implementing an Interfaith or a Multi-faith Service. He stated that I as one of the Chaplain Interns was a Doctor of Ministry candidate. He said that I wanted to obtain some information and review a paradigm of multi-faith service. He explained that I was a Chaplain Intern in the process of implementing an Interfaith Worship or a Multi-faith Worship Service at Harlem Hospital Center. To that end, he asked the following questions;

1. Do you have Interfaith or a Multi-faith Worship Services?
2. In light of my project, do you recommend an Interfaith or a Multi-faith Worship Service for the veterans?
3. Do you think that it is necessary and would you recommend it for Harlem Hospital Center since the demographics of the hospital have drastically changed in the last decade?
4. If you recommend an Interfaith or a Multi-Faith Worship Service, what would be the frequency rate that you recommend?

Chaplain Luqman Abdush Shahid said he was informed that there were no regularly scheduled interfaith or multi-faith services. However, there were interfaith services and meditation services when there is a national event such as the September 11, 2001, event or an occasion when there is a reason for a cross –cultural interaction in the hospital. He was told that there are no symbols in the chapel so that all religious traditions are inclusive without the presence of icons. Rev. Miles said that while she did not have a regular interfaith or multi-faith service, she felt that it was germane in view of the cultural diversity of New York City and the patients that frequent the hospital. She did not make a recommendation, but stressed the changing demographics of the city almost demand that we become all-encompassing to the point of making it normative. Rev. Miles said that it was important to have an interfaith or multi-faith service, and she does conduct them several times a year, and when there are national events that deem them to be appropriate.

Week 9

Location:

Lincoln Hospital Center

239 East 149th Street

Bronx, New York, NY 10401

Interview conducted by: J. Gayle Gaymon

I visited the Lincoln Hospital Center with Rev. Gordon C. Bailey and he introduced me to Chaplain Catherine Duffy, Associate Director of Pastoral Care. He informed her that I was a Doctor of Ministry candidate and that I wanted to obtain some information and review a paradigm of multi-faith service. I explained that I was in the process of implementing an Interfaith Worship or a Multi-faith Worship Service at Harlem Hospital Center. To that end, I asked the following questions;

1. Do you have Interfaith or a Multi-faith worship services?
2. In light of my project, do you recommend an Interfaith or Multi-faith Worship Service for the veterans?
3. Do you think that it is necessary and would you recommend it for Harlem Hospital Center since the demographics of the hospital have drastically changed in the last decade?
4. If you recommend an Interfaith or a Multi-Faith Worship Service, what would be the frequency rate that you recommend?

Chaplain Catherine Duffy said that there were no regularly scheduled interfaith or multi-faith services. However, there were interfaith services and meditation services when there is a national event or when there is a reason for a cross –cultural occasion in the hospital for celebration of various events such as Women’s Month, Hispanic Month, et al. She said that there are no symbols in the chapel so that all religious traditions are inclusive without the presence of icons. She said that an interfaith or multi-faith service was relevant and needed due to diversity of New York City and the patients that frequent the Lincoln Hospital Center. She did not make a recommendations, but stressed the changing demographics of the city almost demand that we become inclusive of other faiths since there are Muslims who are Hispanic and Asian.

Week 10

Location:

Imam Luqman Abdush-Shahid

506 Lenox Avenue

New York City, New York 10037

Meeting Conducted by: Rev. Gordon Bailey

A meeting was conducted with the staff to ascertain the need for an interfaith or multi-faith worship service. It was my opinion that it should not include the words “worship service” because it may cause other faith traditions to look upon it as a traditional Protestant Service with just another fancy title. In addition, it was important to me for people to be able to respect the rights of other faith traditions in a hospital environment, without the customary need to convert anyone to another faith practice. Furthermore, I expressed that the goal should really be to make people with other backgrounds and beliefs feel comfortable, which will reduce xenophobia.

Currently, there is a heightened fear of Islam and Muslims in the world. With the increased phobias, it is all the more important to have them represented in multi-faith worship traditions, so that people are exposed to them without any stereotypical thoughts. In addition, the suicide attacks of September 11, 2001, and the simultaneous bombing of various designated targets on that day have precipitated the fear of Islam in America. With the global war on terrorism, and it being associated with Islam and Muslims, there is an enhanced need to understand what moderate Muslims believe.

Imam Luqman explained his faith tradition and that he was raised as a Christian at Greater Refuge Temple, located at 7th Avenue 124th Street, in Harlem, and has embraced Islam for almost 30 years. Being retired from Riker's Island Correctional Center, as the Director of Pastoral Care, he believes that Islam is the faith tradition that speaks to him and his faith beliefs. Presently, he is a Staff Chaplain and it is his life's mission to welcome change and provide hospitality.

Week 11

Exit Survey

1. During you hospital stay was it important to you to have a Chaplain visit you?
 - a. Very Important b. Important c. Somewhat Important. D. Not Important
2. Did you feel that if a multi-cultural or multi- lingual worship service were to be provided, would it be important?
3. Were you aware of the times of the religious services?

Yes_____

No_____

4. Are the worship services that are provided representative of your spiritual care or spiritual need intervention?

Yes_____

No_____

5. How do you rate the spiritual care or religious worship services provided?

a. Very Important b. Important c. Somewhat Important d. Not Important

Week 12

Location:

Harlem Hospital Center

506 Lenox Avenue

New York City, New York 10037

Exit interviews were conducted on the following floors: 4th floor – Gynecology, Newborn, Neonatal, Post-Partum, Labor and Delivery; 9th floor – Detoxification; 11th floor – Surgery; 12th floor – Neurology, 13th floor – Medicine, 14th floor – Burn ICU; 15th floor –Adult ICU; and 18th floor – Hemodialysis.

Over a period of 40 hours, I met with the “guests” on several medical units to ascertain their needs and their concerns. I asked the guests (1) what provides them with strength and hope, (2) how do they express their spirituality, (3) what type of spirituality do they require, if any, (4) does their faith help them cope with their current situation, and (5) do they attend a church, synagogue, temple or a mosque? Once I completed my spiritual assessment of 50 guests from eight medical units, I was able to ascertain that (1) 33% felt that having spirituality was relative, (2) 24% said that spirituality was relative only in time of crisis or crucial time of need, (3) 12% said that they had no faith tradition or spirituality, and (4) 8% said that they were non-believers even in the time of crisis or need of intervention.

I believe that there is a great need for an interfaith service, but, again, I am reluctant to call it a worship service, as there are so many faith traditions that would feel exclusive, if that name was allowed to stand. However, it is my recommendation that it be called an Interfaith Prayer Service.

Week 13

Profile

Surprisingly, I found that there was no consistent Multi-faith or interfaith worship service in any hospital. The recurring theme was that each hospital concentrated on a specific national event or cultural celebration, such as Hispanic Month or Women's Month that incorporated celebration of diverse cultural events, rather than a specific Interfaith Worship Service. On the aforementioned occasions, there were multi-faith or interfaith services that were held to ensure respect and inclusion.

Whereby, it is my opinion that in order to ensure that there is a multi-faith or interfaith Worship Services in Harlem Hospital Center, it is imperative that I develop a prayer service on a monthly basis to make it a regular practice. That is my recommendation. Without a model to emulate, I will have the inclusion of a prayer service from five major faith traditions, namely, Buddhism, Christianity, Hinduism, Islam and Judaism. Furthermore, I will establish it by conducting the first service, and leaving it for Rev. Gordon G. Bailey to delegate subsequent services to other Chaplains to continue them on an ongoing basis.

Week 14

I gave three sermons. The targeted audience was not directed towards the Baptist patients solely. However, one sermon was given during the weekly Baptist service in which Baptist Chaplain Interns and visitors from the Harlem community participated in that regular service. However, the sermons were not exclusive.

Week 15

There is a rotation of Chapin Interns, seminary students and volunteers that participate in providing worship services in the Chapel. The CPE students and the Chaplain Interns have been invited to practice and experience in such services for all who are interested in sharing their preaching and exegetical skills in a multi-faith environment. This rotation of opportunities provides feedback from peers and the Staff Chaplains. Additionally, there continue to be services that are directed towards a specific faith tradition, which is welcoming, too.

Week 16

Minutes of the Body, Mind and Spirit Meeting

1. Opening Prayer
2. Effective 2009, all Volunteer Chaplains must have at least one unit (1) of CPE or must have a Chaplain Internship due to field placement by a seminary. There will be a 50% discount given to them.
3. Guidelines for Pastoral Care at Harlem Hospital (who, what, when and where). You must address the issue of health and healing in a time of crisis.
4. Annual Evaluations for each Chaplain must be completed. There will be four meetings next year. I will offer basic CPE training. I will consider a Saturday CPE course with Imam Luqman.
5. Do not leave the patient information sheets on and on the desk and tables, as it is private and it is a violation of the HIPPA regulations. Information must be recorded and put in the confidential box at the end of each day.
6. Feedback and comment session of Pastoral Care 2008.
 1. What do your local congregations need from us in Pastoral Care?
 2. We need participation from the local congregations so we can provide information to them about a living will, and services that are available here at Harlem Hospital Center.
 3. What can we do to better serve your constituents during their stay at the Harlem Hospital Center?
7. Closing Prayer

Week 17

Currently, there are sufficient Catholic, Protestant, and Islamic or Jumah services that meet the needs of the hospital staff and guests. There is no need for a schedule at this time since they will be conducted on a monthly basis, to include memorial, cultural and meditation services. Increasing services will be offered, based on the needs, and the staff and guests requests.

Rev. Alicia Victoria Montague created three brochures that contain the information for the worship services that are provided by Harlem Hospital Medical Center. The brochures are in English, Spanish and French, and they provide information to the guests and the staff. They contain information regarding the times of the weekly services, and the Interfaith Prayer Service is at 1:00 PM on Saturdays. In addition, those brochures will be given to all units in the hospital and handed out to the patients when they have hospital visits from the Pastoral Care staff.

Week 18

Presently, there is a Harlem Hospital Center Modernization Project, which will encircle the square block of 135th Street to 137th Street. I was informed by Rev. Gordon Bailey that on October 1, 2005, there was ceremonial groundbreaking service entitled, “*Respecting the Past, Embracing the Future*” which was attended by many borough and state dignitaries.¹³⁶ In addition, in the lobby of the Martin Luther King, Jr. Pavilion, there is a model of the new proposed changes that are slated to be completed on December 31, 2011. Upon completion of the renovations, the Chapel will be located on the first floor.

To that end, it is fiscally unsound to implement these changes at this time, knowing that there are already proposed changes in the physical structure of the facility. Furthermore, while it would be useful, it is not cost-effective at this time, but will remain under consideration. It is impossible at this time to broadcast worship services on the local hospital network at the bedside of the guests.

¹³⁶ Conversation with Rev. Gordon C. Bailey, on December 10, 2008.

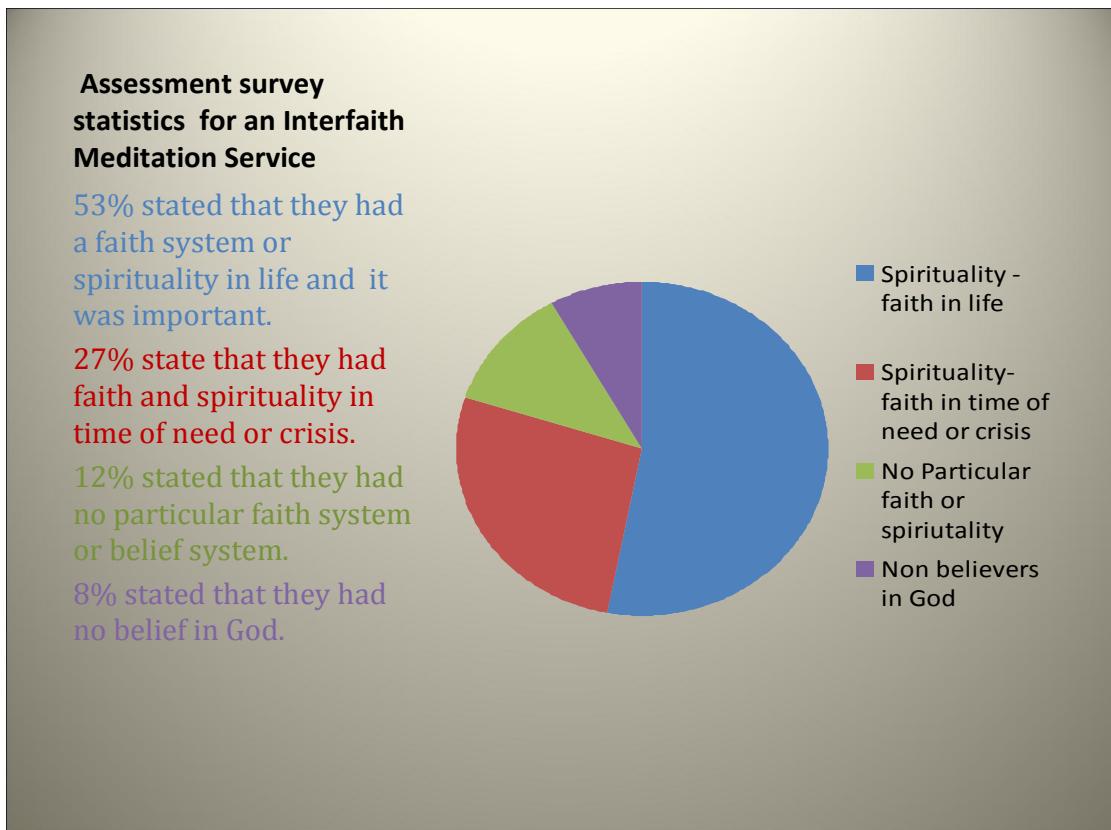
Week 19

Currently, the Pastoral Care Department is utilizing the Chaplain Interns, and CPE student to become engaged in the process of being available for interfaith services. In addition, Rev. Gordon Bailey has solicited assistance and feedback from the Harlem religious and spiritual community to address this need. Whereupon, they have availed themselves to this need from the local churches on a rotation schedule for all services, in addition to the Staff Chaplains.

Week 20

To ensure that there is no religious superiority it is always best to have an Interfaith Ministry that will not impede on the beliefs systems and faith traditions of a particular group. Furthermore, it is important to have someone that is involved in interfaith dialogue that is open-minded and welcoming. I find that in Rev. Alicia Victoria Montague as this is her area of specialty and she is licensed and ordained in this area. Additionally, it is important that there is mutual dignity and respect for similarities and differences that are in the various faith traditions.

Appendix 9: Interfaith Meditation Service Survey Results



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